

THE AMERICAN JOURNAL OF NURSING

VOL. XII

NOVEMBER, 1911

NO. 2

EDITORIAL COMMENT



"ROOM AT THE TOP"

THE JOURNAL office, Miss Nutting's at Teachers' College, Miss Wald's at the Nurses' Settlement, and all the long-established, well-known visiting nurse associations are beset with inquiries as to where nurses may be found to fill the positions opening so rapidly in the new fields of visiting and social nursing. Especially is there an urgent demand for nurses who can teach others—those of marked executive ability, who can organize a whole community into a harmonious, philanthropic working body.

These requests for nurses come from all sorts of individuals and associations, and each offers a wide field of usefulness to the right woman.

Here are a few quotations from letters received during the past few months at Teachers' College.

From a fraternal organization: "The applicant should possess the gift of initiative, as she will be thrown very much on her own resources, and through her own unaided efforts and genius must make good."

From the president of a manufacturing company: "I am looking for a trained nurse for one of my mill villages . . . the work requires a woman who is thoroughly trained, and who has good judgment, and who will push her work. Her work will be largely educational. She would be expected to teach the people hygiene and sanitary practices, to organize a health club among the women, and an anatomy class among the girls. . . ."

From a city league: "We are exceedingly anxious to secure the services of a nurse who can give her entire time to settlement work in a cotton

mill village. . . . In addition to caring for the sick she should go into the homes of the people and teach them the proper care of their health, their houses and their children. . . . It is desirable that she should have had training in settlement work as well as the regular nurse's training."

From a state charities aid association, asking for a visiting tuberculosis nurse for an entire county: "The person should be specially trained in tuberculosis work, and not a nurse who has had training only along general lines. I believe not every nurse is fitted by nature to take up this work, and if we should make a mistake and select some one who does not possess the necessary tact and adaptability, I believe it would produce an unfortunate result."

From a city board of health: "We shall start for the first time a medical school inspection system in the schools of this city. It will be missionary work, so to speak, and will require more than ordinary tact, enthusiasm, and patience."

From a public health association: "In the past our nurses have been interested in the work, but not specially prepared for it. It seems too bad that we hear so much of social work and when we need a worker it is impossible to find one."

From a state board: ". . . just the right woman to do district nursing in a town of twelve thousand people. She would work under the anti-tuberculosis committee, and would have as helpers the Charity Organization Society, Friendly Visitors, the Needlework Guild, the Department of Sociology in the University, and the Anti-tuberculosis Association. . . . The work would not lack in breadth of view nor in intellectual inspiration, and the right woman could work out a most interesting model of district work for a small town."

From a small city: "This woman should be more than a visiting nurse. She should be both an experienced organizer and also a social worker. . . . She would establish the field for tuberculosis work and enlarge our plans and also organize the dispensary. . . . She should be able to set others to work and to adapt herself to the various types of people with whom she must co-operate."

Do not these descriptions set one's imagination afire? Would not any one of these situations be worth taking hold of and working to a successful issue? Can you fancy a person bored with life or suffering from ennui in the midst of such vital human problems?

In some of these instances we know that there have been excellent workers in the field who have found conditions so impossible that they could not stay, but the majority of the appeals are from new fields, just being opened, where a nurse has an opportunity to throw her best ener-

gies into
commu
is often
relation
gaining

The
with m
proport
which
living
years,
to secu
be an
who en
of stre
her; sh
needs,
her to
old ag

It
these
ing so
urge a
execut
course
or On
work,
ciatio

On
such
such
work
more

T
gence
effort
super

T
partn
Rege

gies into the work and establish it on a high plane of usefulness to the community. There is also this appeal, that the nurse is not isolated as is often the case in institutional or private work, but is in close working relations with men and women of other callings, and so is continually gaining a broader outlook.

The salaries offered in these letters vary from fifty dollars a month, with maintenance, to \$1400 a year without it, and are often in inverse proportion to the work required. As a rule it is the new community which expects to find everything it wants and to give in return a bare living wage. The old organizations, which have been established for years, and which have had experience with many workers, know that to secure skill and experience they must offer a salary which shall really be an inducement. As we have said before in these pages, the nurse who enters charity work is under constant strain. Her contribution of strength, energy, and sympathy should be all that are demanded of her; she should not be expected to give part of her salary as well. She needs, even more than other nurses do, the margin which will enable her to take vacations, and to save for illness, which is probable, or for old age, which is certain, should she live to reach it.

It is impossible for Teachers' College or any other centre to meet these demands for teachers and organizers, because the work is developing so much more rapidly than the workers can be prepared for it. We urge all nurses who are interested in social work, especially those having executive ability, to prepare themselves for it by taking some of the courses offered at Teachers' College, or in Cleveland, Boston, Pittsburg, or Orange, by taking up some of the courses in charity organization work, or by entering the nearest good visiting nurse or tuberculosis association, and working up to a place of usefulness.

On the other hand, it seems to us that it is the duty of all to whom such applications are made, when letters come which offer a pittance for such tremendously important work, to reply that skilled and valued workers cannot be had without proper compensation in the nursing field more than in any other.

The requirements enumerated above for women of culture, intelligence, ability and adaptability are strong arguments in support of our efforts for a high standard of nursing education which shall attract a superior type of woman.

HIGHER REQUIREMENTS IN NEW YORK

THE syllabus recently issued by the New York State Education Department contains some important changes. For registration with the *Regents* a nurse training school must be connected with a hospital hav-

ing not less than fifty beds and a daily average of thirty patients. The faculty of the school must include a superintendent or principal, and two or more assistants, one of whom shall be in charge at night. There should be a staff of paid lecturers and instructors. In schools giving a two-year course, graduate nurses should be placed in charge of departments and wards. The principal of the school and the graduate head nurses should all be registered.

The following opportunities for a professional education must be provided—a preliminary course of instruction and probation of not less than four months; schools not able to provide facilities for laboratory work should arrange for courses in bacteriology, chemistry, dietetics, and materia medica at some technical school or college in the vicinity.

In order that pupils may have proper time for rest and recreation, the hours on duty should not exceed 56 weekly!

This syllabus, a copy of which may be obtained by application to the Education Department, Albany, would be valuable to those in charge of training schools everywhere, even those not registered in New York, because of the suggestive forms for charts and records which it gives, and because of its excellent list of books for nurses' libraries.

The annual report of the Education Department for 1911 discusses at length the desirability of the state's undertaking the establishment of preparatory courses for nurses in technical or high schools so that they may be better equipped to enter such training. Its comment on the present educational advantages for nurses is: "A careful study of the hospital situation, both in the state and throughout the country, makes it reasonable to assert that there are not five institutions in the United States prepared to give the recommended six months' preliminary course (recommended by a committee of the American Hospital Association) under qualified teachers, which would be a minimum requirement for any profession except nursing, or even for any trade." As a reason for such lack it says further: "The question of the educational requirement of the nurse has always been approached from the standpoint of the institution rather than from their preparation for public service."

When educators begin to take hold of this problem of the nurses' education from their point of view of the need of better qualified women for public service, it may be confidently hoped that the problem which our nurse educators have been struggling with single-handed may be more speedily solved. And the improvement which is brought about primarily for the benefit of the public at large will be of equal value to the institutions themselves.

ALM
social s
of book
the Nev
in the s

"Vi
Social
ples of
vine; "
Schools
House

We
lems, l
to give
chosen
here fo
imposs
access
person
person
know
All su
availa

TH
titles
Child
"Repr
with l
in the
W. M
"Pare
Boy a

W
comm
Holm
recog
belie
was

REFERENCE BOOK FOR NURSES

ALMOST every mail brings one or more inquiries for books on visiting, social service or school nursing. There is as yet a very inadequate list of books written particularly for nurses, but we quote the list given in the New York syllabus as being broadly helpful to any nurse interested in the social aspect of nursing work.

"Visiting Nursing in the United States," Waters; "Democracy and Social Ethics," "Spirit of Youth and City Streets," Addams; "Principles of Relief," "Misery and its Causes," "Efficiency and Relief," Devine; "Hygiene and Morality," Dock; "Medical Inspection of Public Schools," Gulick and Ayres; "An Englishman's Castle," "The Next House but One," "Neighbors and Friends," M. Loane.

We have several times published lists of books bearing on sex problems, but still letters come from perplexed nurses who are being asked to give talks on hygiene, asking which books in these lists should be chosen. Our reply in personal letters to these inquiries may be repeated here for a wider audience, that in this matter it is very difficult, almost impossible, for one person to choose for another. The nurse who has access to a good library or book-store should devote an afternoon to a personal investigation of such books as she has selected by title, to gain personal knowledge of their contents before purchasing, so that she may know whether they are really helpful and adapted to her particular need. All such lists can serve merely as guide posts, showing what material is available.

The Survey has recently published a new list of such books whose titles sound promising. It is as follows: "The Moral Problem of the Children," Rose W. Chapman; "Hygiene and Morality," L. L. Dock; "Reproduction and Sexual Hygiene," Winfield S. Hall; "Education with Reference to Sex," Charles W. Henderson; "Training of the Young in the Laws of Sex," E. Lyttleton; "The Renewal of Life," Margaret W. Morley; "Social Diseases and Marriage," Prince A. Morrow, M.D.; "Parenthood and Race Culture," Caleb W. Saleeby; "The American Boy and the Social Evil," Robert N. Wilson, M.D.

AN APPEAL TO THE EXAMINING BOARDS

WE hope all the members of nurse examining boards will read the communication in the letter department of this magazine from Miss Holmes of Wisconsin, in which she makes a vigorous appeal for a better recognition of the subject of tuberculosis in the examinations. We believe that the omission of this subject has been an oversight, that it was left out because no one thought to put it in, but the point Miss

Holmes makes, that if the boards should require a better knowledge of tuberculosis in applicants, the schools would have to give more thorough instruction in that subject, is one that should appeal to those preparing the papers.

At our last two national conventions no subject has been more strongly urged upon us than the need of better preparation of pupil nurses for tuberculosis work, so that they would be ready to meet the great demand for such service. At Boston, Miss Maxwell asked the delegates to go home and stir up their *alumnæ* associations to use their influence with the directors of their schools to have pupil nurses given opportunities for practical experience in tuberculosis nursing. Miss McIsaac also urged a greater feeling of responsibility on the part of *alumnæ* in the affairs of their schools. If this problem is attacked at both ends at once—better experience for pupils, and requirements from examining boards—something ought to be accomplished.

SUGGESTIONS

We think it probable that most of our readers pay little attention to the news items save those from their own locality. Sometimes it would repay them to glance over them all and see what other associations are doing, thereby gaining ideas for their own. Under the New York heading, this month, we have a report of the exhibit of the American Hospital Association which is fairly bristling with suggestions of the most practical nature. The object lesson of "What not to do," by the Hartford Hospital, was both original and effective and deserves to be copied far and wide. Indeed, each training school might with profit maintain a museum of such wrecks, each exhibit to remain until a fresh one came to replace it. Pupils would soon have pride in never being a contributor to such a collection. Under the Pennsylvania heading, the Hahnemann Hospital nurses offer an innocent but alluring prize to recent graduates who join their *alumnæ* association. If the Nightingale post cards are still on hand in Illinois in large quantity, perhaps they could be mounted and combined with the Nightingale Pledge, in some such way as is suggested there, and meet a demand for some such award.

A CORRECTION

In the September Journal, under the editorial heading "The Eight Hour Day and a Central Nursing College," South Dakota was credited with having a university with a nursing department. This should have read North Dakota.

Exe

A pr
nized th
him in
doctor
of the
"you
work
ciation
an effi
A y
receivin
and on
was he

Name:
Social l

mo

Home:

sm

gru

mo

the

Grandu

ne

She se

ta

Cot p

ne

Later,

al

Sister

W
case?

*

Assoc

HOSPITAL SOCIAL SERVICE *

By MARY E. WADLEY, R.N.

Executive Secretary, Bellevue and Allied Hospitals, New York City

A PROMINENT physician was recently invited by a man who is recognized the country over as an authority in his specialty, to join forces with him in his well-known clinic. The invitation was one which many a doctor would covet, but it was refused, to the great surprise of the specialist, who asked a reason. "Because," said the other, "you have no social workers and I would never attempt to work again without one." I think this reply voices the appreciation of all hospital men who have ever had the assistance of an efficient worker.

A young girl with chorea had long been attending a clinic without receiving any lasting benefit. A social worker was added to the clinic, and one of the first cases referred to her was this girl. The following was her illuminating report after investigation:

Name: Mary Jones. Age: 15 years. Diagnosis: Chorea.

Social History: Box factory worker. Hours of work: 9. Not employed for last month.

Home: Four-room tenement. Sanitary condition: fair. Bedroom ventilated with small air shaft. Gas stove used for heating and cooking. Lives with grandmother, brother and sister. Occupies bed with latter, who is restless, moans, throws off clothes, and walks in sleep. She and sister quarrel about these disturbances.

Grandmother nervous and irritable. Brother teases patient about her nervousness. Patient sensitive about going among people.

She seems slightly better since coming to clinic. Appetite good. Has stopped taking tea and coffee.

Cot provided for her. Family instructed as to importance of ignoring her nervous condition.

Later, Mary was sent to a convalescent home for four weeks. Has returned in almost normal health.

Sister has been persuaded to come to clinic also.

Would bromides or Fowler's solution have accomplished much in this case? And was not the physician's time and the dispensary's expense

* Paper read at the thirteenth annual conference of the American Hospital Association, September 21, 1911.

wasted for months on that girl, just because no one had the time to investigate the social hindrances to her improvement?

Most hospitals regard with pride their yearly records of "recoveries" and their financial showing. Has anybody ever told us how many of the recoveries did not stay "recovered" more than a week or a month? Have we ever studied the actual meaning of "discharged improved" or "discharged cured" which cover the pages of our big record books?

Have we kept track of re-admissions? Had we the Central Hospital Registry which Dr. Goldstein has so urgently advocated, we could then learn how soon after having "discharged cured; diagnosis, pneumonia" written on his bedside card, John Doe had a new card made out for him in ours or some other hospital, with the diagnosis tuberculosis—and all for want of an overcoat, perhaps, when he left the ward in the very early stage of his convalescence.

What becomes of Thomas Smith, the surgical case who was discharged as "improved," although still needing, perhaps, even only slight dressings, and who was told that he must return to the dispensary three times a week until his sluggish wound had completely healed. He had to go, for the wards were full, but he might as well have been told to go to the bottom of the river and come up three times a week for air. Tom Smith is a single man who lives in a furnished room when he works, but his troublesome hernia had made his earnings intermittent lately, and he didn't give up until he had to. Room rent was overdue when he finally came to the hospital.

What awaits him as he passes out of the hospital gate with the prescription, "Come back three times a week to be dressed"—that is, come back and wait in a line two hours, perhaps, for his turn to come in the crowded clinic? Even if he were able to work, what job could he get that would permit of practically three half-days' absences a week, and where is he to sleep and eat until his first pay day? The lodging house will take him for a night or two, true; but will the lodging-house sleep and meals build him up very fast? Here we have a vagrant in the making, for how can he help going from bad to worse?

Or, by and by we get him with an infected or tubercular wound. Nobody wants to see him come back to the hospital—he is not an interesting case now. The chances are that he will never earn again, and all for the lack of a comparatively trifling extra care and expense at a critical time.

I re
patient
charged
tunately
sent to
for he
three y
visits t
of his c
experie

The
over th
a new
relieve
tions a
the to
return
she ca
advice,
secure

We
measu
great
install
until
things
we sh
we ma

Ma
work-
or ins
or un
condi
sick p

B
probl
the ti
body's

M
subje
ply c

I recall now one actual case of this sort among many others. The patient was a decent, hard-working young fellow. When he was discharged with the direction "Come every other day to be dressed," fortunately there was the Social Service office for him to turn to; he was sent to a convalescent home and otherwise assisted until he was well, for he was without funds, home, or friends in this country. This was three years ago. He promptly repaid his indebtedness, and frequently visits the office. He is very thrifty, is now married and has a home of his own, and is a good citizen. And this is not an isolated case in our experience.

The great awakening sense of social responsibility which is spreading over the world in these days has reached the hospitals and is creating a new order of things there. Now when the hospital, by medication, has relieved the cardiac's attack, for instance, it looks into his home conditions and the nature of his employment. If we find that his home is at the top of a tall tenement, we see the wife or mother before his return home, and persuade her to look for the lightest, airiest rooms she can find on the ground floor, and we shall not stop with that advice, but if she has not the means for moving we will help her to secure them.

We must see the case through to a practical conclusion, for again half measures are a sheer waste. If the patient's former employment requires great physical exertion, our duty is not fully done until we have seen him installed in more suitable work, and supplied with good living rations until he has gotten fairly to earning. We may not need to do all these things for him ourselves, but we must see that they get done. Finally, we should urge him to attend our weekly evening class for cardiacs, that we may continue our oversight of him.

Maladjustment to home conditions, monotony—perhaps of the all-work-and-no-play kind—worry, over-work, or lack of work, poor cooking or insufficient food, cheerless or unsanitary surroundings, hidden poverty, or unhygienic habits—often to help a patient to change some one of these conditions will be to touch the button that will entirely transform the sick person into a well and normal one.

But who is to uncover the needs and work out the solution of such problems as these? The busy doctor and ward nurse cannot possibly find the time for it, however great their desire to do so; and, besides, everybody's business becomes nobody's business.

Mr. Homer Folks, in a public address, gave the best definition of our subject I have ever heard, when he said, "Hospital Social Service is simply common-sense applied to getting the patients well."

If a sick man needs only milk, eggs and fresh air; if a woman with varicose veins needs elastic stockings to help her; if the typhoid needs convalescent care to save a relapse; then does not common-sense say,—for their own sakes, to save them from chronic invalidism; for the physician's sake, that his gift of time and skill may not be altogether futile; for the hospital's sake, that its money for treatment and expert service may not be absolutely wasted; and finally, for the community's sake, that it may be protected from the contagion of disease, and that as many of its members as possible be kept in a condition of industrial efficiency instead of dependency—then does not common-sense say that there should be supplied the link between the patient and the possible resources that will make the doctor's advice feasible and the hospital's care effective?

Such a link is the Hospital Social Service worker, and the after-care she gives the patient may most accurately be termed *Hospital Extension Work*. That link is not wholly supplied by visiting nursing, nor is it relief work pure and simple, but a combination of the two which has created a new vocation, that of Medico-Social Worker, with an enormous field spreading out before those who adopt it for their profession.

In asking financial support, and even in admitting their patients, do not hospitals tacitly guarantee to do everything possible to effect a cure? If, then, the medico-social clinic and social workers are positively needed to that end, is it not the hospital's plain duty to establish and maintain that department just as much as it now maintains its drug-store and its ward nurses, or its X-ray room?

And this duty is not accomplished when a hospital accepts such a service from some philanthropic organization—the closest co-operation there must be with all such—but to accomplish the best work the impulse and direction must come from within the hospital itself, from its medical staff, if possible, or from its superintendent.

It is a *therapeutic* undertaking and needs medical understanding for its direction and execution, and as such should be dignified by being made a department of the institution—otherwise such a service must fail of its highest achievement.

All are doubtless familiar with the recent history of this movement, especially with that connected with the Massachusetts General Hospital in Boston. Just when the very first organized effort was made by the hospitals themselves to give this extended care to their patients is a

mooted
that the
service
formed
not cal
years a
assistan
hindran
ing to

In
Massac
on the
superin
the wo
fifty h

Su
ask: I

En
accord
the eff
are de
chief

1.
tion a

2.
and to

clinic

3.
of the

It
found

Massa

Bellev

Servi
ment

addo

A
forme
comm
the h

mooted question, but on a recent visit to London I was surprised to find that the London Hospital in Whitechapel Road had been practising social service since 1791, when one of its physicians, Sir William Blizard, formed a society to do just what we are doing to-day—only they did not call it Hospital Social Service. For the last twelve or fourteen years a nurse has been in charge of the work. She has now three assistants. They send convalescents to the country, and relieve the hindrance of social conditions for their patients, just as we are trying to do.

In America, since the issuance of the first report (for 1905) of the Massachusetts General Hospital (which report, by the way, is a classic on the subject and ought to be put into the hands of every worker, superintendent, or member of committee who contemplates taking up the work), great interest in the subject has been created, and forty or fifty hospitals have established the service.

Suppose we decide to establish such a department, some one may ask: How shall we go about it?

Each institution has to plan its own concrete scheme of work in accordance with the social status of its patients, and with reference to the efficiency or lack of the resources of its neighborhood. But there are definite aims which should be common to all Hospital Social Service, chief among which are these:

1. To aid the physician in his diagnosis and treatment by investigation and relief of social conditions.
2. To make available the philanthropic resources of the community, and to co-ordinate medical resources; for example, eye, orthopaedic, dental clinics, etc., in restoring a patient to complete physical efficiency.
3. And not least in importance: To carry the educational influence of the hospital to the homes of the community.

It may be of interest to some to hear what organization has been found practical in a large city hospital like Bellevue. Inspired by the Massachusetts General, Dr. Armstrong, the then superintendent of Bellevue, with the approval of the Board of Trustees, established Social Service there in 1906. The salary of a nurse and a simple office equipment were provided by the hospital. Five months later an assistant was added.

At the end of eighteen months a strong advisory committee was formed to support and further the development of the service. This committee is made up of the representatives of the governing bodies of the hospital—the trustees, medical board, dispensary board, managers of

the training schools, the general medical superintendent of the hospital, the general superintendent of nurses, the chairman of special sub-committees, with the head worker as executive secretary.

Bellevue has a thousand patients, many of whom represent the extreme of poverty. Social Service there is a gigantic problem to attack. We have not attempted to take up dispensary work, except for the children and the tuberculous patients.

In organizing the practical work the first step was to visit all the larger charitable agencies to establish a personal relationship with them. Making rounds in wards acquainted the physicians and nurses with the undertaking, and in that way the first patients were found. Now, at the end of five years, we have a large staff of workers, including one for each of the three allied hospitals, and the work has dropped into its natural divisions with special workers giving their exclusive time to each.

For example, there is the general welfare division, and the tuberculosis, child welfare, psychopathic and Jewish divisions, with small special sub-committees for each. We hope this year to add a special worker for following up the maternity cases.

We have the fullest co-operation with everybody connected with the hospital, and that, in itself, is a keen pleasure. Our hands overflow with the number of cases referred to us daily, and the diversity of problems seems almost unlimited, calling for every resource we can command.

The following case illustrates some phases of the general work:

Two years ago a sick-looking woman came to the dispensary for treatment. The examining physician found her condition critical and told her that if she would save herself she must come into the hospital at once for an operation. She assured him that that was impossible, for she had six children at home whom she could not leave.

That was too much of a problem for the doctor to solve, so he gave her a note to the social service office to see what we could do about it. In the note he stated that in his opinion the woman had not long to live unless radical measures could be taken at once.

I can never forget the drawn face of that woman as she stood at our desk after this interview with the doctor. She said that her husband had been killed in a street accident the year before. Since then she had, by day's work and the help of the 15-year-old boy, barely kept the family together; but recently she had been less and less able to earn. What

she wa
she ga
to go
she co
would
of her

We
which
that n
was an
The e
thirtee
after
a peri
days
shoul
mothe

Th
throu
taken
the st
was in

A
had n
long-
for th

B
would
surely
be ta

T
work
how
above
appli
that
was
who
valu

she was going to do she didn't know, but of one thing she was sure—if she gave up and came to the hospital the younger children would have to go to institutions, and that she could not, *would* not consent to, for she could never get well with the thought of that in her mind. No, she would struggle a little longer—a suit was pending for damages because of her husband's death—she would wait and see.

We made her sit down and talk it all over. Soon a plan was evolved which allayed her fears, and infused her with new hope. We promised that not one of the children should be sent to an institution. There was an aunt who she thought might take care of the two younger ones. The eldest boy, who was of very steady habits, and the eldest girl of thirteen would be quite capable, with supervision, she thought, of looking after the others. A relief society agreed to pay the rent for as long a period as necessary, and we promised to send a woman for three half-days a week to oversee the housekeeping, while a nurse from our office should call often enough to make sure that all was going well. The mother entered the hospital the next day.

The operation confirmed the original diagnosis. She barely lived through it, but at the end of three weeks she left the ward and was taken to a convalescent home, where it took nearly a month to repair the starved body and nerves, but when she did return to her family she was indeed a new woman.

A year later, on one of her frequent visits to our office, she said she had not felt so well since she could remember. A few months ago the long-impending suit was settled for \$50 a month for twenty months, so for the time, at least, the family is prosperous.

But for Bellevue having had Social Service workers, that woman would have gone home that clinic day and stayed there—and she would surely now be lying in Potter's Field, and our public institutions would be taking care of five orphan children.

There is a difference of opinion as to whether or not Social Service workers should have a relief fund of their own. We cannot see how efficient work can be done without an emergency fund. The case above cited is of the sort which justifies it. The society to which we applied helped with the rent; indeed they helped for a year, but stated that they could not send a woman in for the housekeeping. For us it was a comparatively small expense, and it helped another widowed mother who needed the work. Had we not had the money in hand much valuable time and effort, which rightfully belonged to other waiting

patients, would have been used in trying to find some one who would have given it, and what difference did it make in this case whether it came from our hand or from some other, since there was no question of both the immediate and ultimate good which it might accomplish.

Is there not great danger of pauperizing?—some one will ask. With common-sense at the helm, that fear is a bogey. Can it pauperize to bridge the crisis until earning time again, when one is on the edge of destitution? Indeed—*withholding adequate* help makes pauperization sure.

We all know there are two crimes which we workers may commit—we may demoralize the weak, or insult and crush the self-respecting. If we are unable to avoid either extreme, or if we cannot look beyond the temporary need to the need of removing the underlying cause, we are unfit to be social workers.

Tuberculosis work is now so well understood, we need only refer to it here. With us, the principle features, in addition to the ordinary clinic work and regular district visiting, are the Day Camp, which is an old ferry boat anchored in the East River just off the hospital grounds; the Intensive Class work, with small groups for home treatment; the Boys' Club, made up of boys from the families of tubercular patients; the Children's Garden in a corner of the hospital ground; the Mothers' Classes in Italian and German, held weekly by the supervising nurse, and the Weekly Evening Conferences for working men.

The assistance of social workers from the Free Synagogue, consisting of several devoted volunteers under the direction of Dr. Sidney Goldstein, has been of inestimable value to us. Not only do they take entire care of those whom, because of their language and temperament, it is hard for us to help understandingly, and therefore adequately, but they are always ready to take a cordial interest in the whole work of the bureau.

Each volunteer has assigned to her care the Jewish patients in certain wards. Every morning our registrar copies from the admission records the names of all such patients who have been admitted in the previous twenty-four hours, and when the workers come, as they do most faithfully on the three visiting afternoons of the week, they look over this list and each takes care of all in his or her ward who may need assistance. They also furnish their own funds for relief, at the same time working in close co-operation with the United Hebrew Charities.

In th
be invest
tions, a
will be
as poss
attende
tonsils
help th
handic

In
therefo
How f
and th
case, v
neede
the ro
where
aged
her to

B
sick p
ing th
sent
tenar
to do
appr
righ
tion

The
phy
exp
by
191

Sen
cha
em
me

In the Child-Welfare Work the sanitary conditions of the homes must be investigated, and mothers taught how to carry out the doctor's instructions, and if we have a large enough force to accomplish it, our aim will be not to lose sight of any child until it is made as physically normal as possible—that is, to persuade the mother to have imperfect teeth attended to at dental clinics, discharging ears treated, adenoids and tonsils attended to, and flat feet corrected, if possible. In short, to help the child to get started in life freed from every needless physical handicap.

In the Psychopathic division we have the most serious problems, and therefore the most intensive work is needed. Preventable insanity! How full of meaning is that phrase! Clinics may make the diagnosis and the prognosis, but who is going to give the poor, morbid, borderline case, who is not *yet* a "hospital case," the careful oversight that is needed to keep her from slipping over the edge? Who is going to provide the rest, the change of scene, or employment needed to save her, or where is the widely sympathetic friend who will instil into the discouraged brain the wholesome thought, "Happiness is a habit"—and help her to cultivate it?

Bellevue has a unique feature which few other hospitals have. Many sick prisoners in the city, including all attempted suicides, who are awaiting their preliminary trial before being committed to the city prison, are sent from the station houses to Bellevue, thus necessitating the maintenance of prison wards. Here is where the social worker finds plenty to do—for many a one in these wards is in deep need of a friend—and in approaching them we need to bear in mind Thackeray's words: "What right have you to be scornful whose virtue may be a deficiency of temptation, whose success may be a chance?"

To come back to the practical question of how to start the work: The first step, presupposing the salary to have been secured and the physicians ready for it, is to choose a worker—and here I cannot better express my own ideal of what a hospital social worker should be, than by quoting from an article by Dr. James Alexander Miller in the August, 1910, *Journal of Out Door Life*. He says:

"First, the woman herself. In order to make a success of Social Service, a woman must be endowed with more than the average ability, character, tact, energy and education. She must be quick-witted in emergencies, resourceful in difficulties, and persistent amid discouragements. As the personal touch with the individual is the main object to

be obtained, a deep human sympathy which will invite confidence is of course essential, but this must be sympathy untinged with sentimentality. Firmness there must be, but this must be combined with tenderness. In other words, we must have a *practical idealist* for this work. Such a woman as I have sketched is born, not made.

"Second, the nurse. A poor nurse will never make a good social worker, and conversely, every characteristic in a woman which makes her an efficient nurse will sooner or later find its proper expression in her social work."

He goes on to say, "I am not one of those who believe that it is an unnecessary luxury to secure a nurse for this work rather than simply a trained social worker without previous nursing training. The experience which comes from familiarity with the sick, the discipline of regular hospital work, the eye trained to observe, and the hand and mind to act quickly and skilfully, are all essentials to the highest kind of social service among the sick poor; but, nevertheless, it is not every good nurse who is fitted for social service work. The nursing qualities must be combined with the more purely womanly ones I have described, before it is safe for any one to hope that she would be successful in Social Service.

"Third, the social worker. For the woman splendidly endowed by nature, and for the nurse fully equipped by training, there is still need of special education before she can become the successful social worker."

Happy will be the hospital which succeeds in finding such a worker. Having found her, and provided her with office room, telephones, etc., she may safely be left to work out, with the physicians, the problems of her particular field.

The greatest difficulty she will meet with in many hospitals will be that of convincing those in authority of the need of an assistant when she knows that the time has come when it is imperative for good work that she should have one. I know of two hospitals where social work has been a failure because of this difficulty. The workers have given out under the strain of the cumulative care. An intelligent worker to stay in the office to answer telephones, see visitors, keep records, etc., would have saved the whole situation.

As the outgrowth of experience, it seems to me very important that those who are engaged in this work should have their residence away from the hospital. The work is so intensive, its fascinating interest so great, it will be likely to carry them far beyond their regular hours;

the re
arise o
it will
get co
all ter
where

And
the lo
social
to use
them

In
hours
charit
and h

T
prese
tion
in an
dame

A
shoul
in an
you
or w
work
man
you
inde
ahea

T
comp
ishin
with

A
full
thei
and
a pe

the responsibility of deciding the vital questions for her charges that arise each day puts an exceedingly severe strain upon the worker, which it will be hard for her to endure for any length of time unless she can get completely away from the hospital atmosphere at night—away from all temptation to “talk shop”—and into a place of more normal life wherein to regain her balance daily.

An extra holiday or two, now and then, is a very wise investment in the long run, and here is where those in authority need to do a little social service for their workers. It is unnecessary, and poor economy, to use up a good worker by long hours, just because tradition has fixed them for nurses.

In nearly all hospitals where Social Service is established, the office hours follow those of the Board of Health nurses and of established charities, *i.e.*, from 9 A.M. to 5 P.M., with Saturday afternoons, Sundays and holidays off duty. Salaries vary from \$1500 to \$900 a year.

The supply of expert workers is not nearly equal to the demand at present. It is to be hoped that training schools will remedy that situation soon by adding social work to their curriculum, or as an elective in an advanced course—for Social Service will soon be regarded as a fundamental feature of every up-to-date hospital.

As to methods of work, there is much discussion as to whether it should be done this way, or that way; but does not the criterion of success in anything lie in results, for surely results only justify methods. When you see the half-well made strong; the discouraged, down-and-out men or women raised through counsel, or material assistance, if need be, to working efficiency; homes that were tottering put back on a more permanent foundation; and the puny babies turned into fat, rosy ones, then you may be sure that your methods are pretty nearly right, that you are indeed applying *common-sense* to getting people well, and you can go ahead.

There will be failures, of course, for no receipt can be found for completely making over human nature, or of curing all ills; but it is astonishing what results a sincerely sympathetic spirit of helpfulness, coupled with sane judgment, can bring about.

A worker must be an optimist—must keep the well of inspiration full by thinking most of the ones whom she knows she has really helped; their number will be the greatest, if she is made of the right stuff, and if her service is a genuine personal one. There is no place for a pessimist in Hospital Social Service.

Workers will become dismayed, too, because they see so much to be done. And the little they can do, no matter how strenuously they strive, seems to be such a drop in the bucket compared with the overwhelming need. But if they will stop to think of the influence of that little upon Tom Jones, whose trend to the insane asylum they have helped to stop and of **what that meant** to his family, and, in concentric circles, to the community; and of what it meant to the immigrant, whose burden of black despair was completely lifted when he was made to understand that the steamship ticket found in his pocket would be redeemed for a later date. (It represented all his savings of years in a Montana mine, and was to have taken him back to his own kith and kin on the steamer which sailed last Saturday, had he not met with the accident which sent him to the hospital in the strange city Friday night.) Think what it meant to the would-be suicide, who had decided after days and days of weary, fruitless search for work that the world did not want him, but who, when he came to consciousness on a hospital cot, found a new friend who knew how to patch up the broken strands so the seam would scarcely be noticed, and who knew of a new pathway which would lead out into a larger life than he had ever known; and of what that little meant in the lives of the children, who would likely have been motherless to-day but for their efforts,—if workers will stop to think of a few achievements like these, their courage will return, for they will feel that any one of them was worth even months of labor. It required only a hand's turn from them, and yet how heavily fraught with consequences to the whole future lives of those concerned!

In the name of the thousands of patients whom this audience represents, I beg you to try the experiment of Social Service in your institutions. If it is not possible to get the Hospital Board to appropriate the salary, is there not some friend of the hospital who would furnish it for six months to demonstrate the value and need of such a department? If you get the right worker, and the right medical direction of the undertaking, there will be no doubt of its continuance. It will add something to your budget, but it will surely reduce your per capita cost to the community by preventing recurrent cases, and your bank account in the saving of human happiness will be a wonderful one.

O
E
of Pu
Medic
of Tr
mitted

O
Office

P
PLA
HOME
obtain
railroa
wards
PLA
HOME
ives,
soldier
PLA
AND T
HON
GATION
SEC
CARE
PARE
CAR
CULOU
SEC
TUTE
TO RI
FOI
CHIL
home
CLA
DIACS
AID
SEC
SEC
ANCE
LO
AC
train
SE
FRIE
SEC
MENT
INV
TITY
CO
SOCIA
PATI
WHO
ALLY

OUTLINE OF THE WORK OF THE SOCIAL SERVICE BUREAU OF BELLEVUE AND ALLIED HOSPITALS, NEW YORK

EXECUTIVE COMMITTEE representing Hospital Board of Trustees, Department of Public Charities, Hospital Medical Board, Dispensary Medical Board, General Medical Superintendent, General Superintendent of Nurses, Board of Managers of Training School, New York City Visiting Committee, Chairmen of Sub-Committees, Executive Secretary.

ORGANIZATION.—Head Worker (Executive Secretary, Bellevue Hospital); Office Staff, Assistant, Registrar, Messenger.

PHASES OF WORK

PLACING IN CONVALESCENT HOMES: Securing admission; obtaining clothing; providing railroad fare; restoring afterwards to self-support.

PLACING IN PERMANENT HOMES: Incurables, defectives, epileptics, deaf-mutes, soldiers, aged.

PLACING IN REFORMATORY AND TEMPORARY HOMES.

HOME VISITS FOR INVESTIGATION.

SECURING TEMPORARY CARE FOR CHILDREN WHILE PARENTS ARE IN HOSPITAL.

CARING FOR THE TUBERCULOUS.

SECURING AID FOR DESTITUTE FAMILIES BY REFERENCE TO RELIEF SOCIETIES.

FOLLOW-UP WORK FOR CHILDREN: Instruction in home and individual hygiene.

CLASS WORK WITH CARDIACS.

AID TO EMPLOYMENT.

SECURING LEGAL AID.

SECURING SURGICAL APPLIANCES.

LOANS.

ACCOMPANYING TO: Homes, trains, court.

SENDING MESSAGES TO FRIENDS.

SECURING DENTAL TREATMENT.

INVESTIGATION FOR IDENTITY OF UNKNOWN.

CO-OPERATION WITH OTHER SOCIAL WORKERS REGARDING PATIENTS IN BELLEVUE IN WHOM THEY MAY BE ESPECIALLY INTERESTED.

GENERAL WELFARE DIVISION: Special Committee; two salaried workers.

TUBERCULOSIS DIVISION: Special Committee; eight salaried workers.

CHILD-WELFARE DIVISION: Special Committee; three salaried workers.

MATERNITY AND PEDIATRIC DIVISION: Special Committee; one salaried worker.

PSYCHOPATHIC DIVISION: Special Committee; one salaried worker.

JEWISH DIVISION: Special Committee; one salaried worker; volunteers.

ALLIED HOSPITALS

HARLEM HOSPITAL DIVISION: Special Committee; one salaried worker.

FORDHAM HOSPITAL DIVISION: Special Committee; one salaried worker.

GOVERNEUR HOSPITAL DIVISION: Special Committee; one salaried worker.

AIMS

To aid the physician in his diagnosis and treatment by investigation and relief of social conditions and hindrances.

To make available to those who need assistance the philanthropic resources of the community.

To co-ordinate resources of special clinics; for example, Eye, Orthopedic, Dental, etc., in restoring patients to complete physical efficiency.

To carry the educational influence of the hospital to the homes of the community.

CLASSES OF PATIENTS

HOMELESS: Temporary care; employment; loans until pay day; referring to societies.

IMMIGRANTS: Reassuring through interpreter; communicating with friends; exchanging steamship tickets; securing assistance through consuls, etc.; accompanying to homes or friends.

BOYS: Advice; home correspondence; employment; preventive work.

CRIPPLED CHILDREN: Referring to Children's Aid Society for special schools; for conveyance to and from school and for country in summer; braces, etc.

DESERTED OR UNMARRIED MATERNITY CASES: Referring for employment with child; legal aid.

PRISONERS AND ATTEMPTED SUICIDES: Friendly interest; referring to probation officer; accompanying to court; assisting in readjustment to life.

ALCOHOLIC AND DRUG HABITUÉS: Counsel; referring for special treatment; after care.

NEURASTHENICS: change of environment; change of employment; friendly oversight and direction.

INSANE: Aid by investigation before committal; referring for after care.

THE BENEFIT OF ASSOCIATION MEMBERSHIP TO THE INDIVIDUAL NURSE *

By A. LOUISE DIETRICH, R.N.

Graduate of St. John's Riverside Hospital, Yonkers, N. Y.

WE hear so much from nurses who are urged to join associations, "What's the use, we get no benefit from them," that it makes one wonder, "Who is at fault?" I believe the nurse who derives no benefit from such a membership is at fault far more than either the association or the other members. Those who wish an education do not go off by themselves and never make use of the means given them whereby they may obtain an education. They go to school, college, mingle with those educated and cultured. The artist reads art, lives among artists, takes every opportunity to bring himself in contact with the most learned in this profession. Likewise the musician, the doctor, the lawyer, and every other profession. Why not the nurse? A great deal of knowledge can be gained through competition and discussion. Hence the value of mingling with your fellow nurses. The nurse who will not do this becomes narrow, knowing only her own views, remembering only those things she learned in one hospital. She truly misses more in her professional life than she knows about.

The nurse who makes an effort to attend meetings is bound to derive some benefit. First, the benefit of determination, which is bound to strengthen that good quality in her; then the benefit of seeing other places, of meeting new people, of strengthening her brain by the use of it, in competing with others. How much good do you suppose one would derive if, to secure an education, she went to school once in September, perhaps twice in October, not at all in November and December, and so on? And how much good do you suppose a nurse would get from an association if she attended once, then not again for several months, or once in five years. I tell you we can derive benefit from any undertaking, providing we put what is best in us into that undertaking, and I always feel like saying, "Shame! you have never done anything for your profession," to the nurse who gets no benefit from association membership.

You know when you are nursing a desperate case and give all your knowledge, strength, enthusiasm and time to the recovery of that patient, you learn a great deal about human nature, nursing, medicine, etc., and are therefore benefited. Just so is the nurse who gives her knowledge, thought, enthusiasm and time to association work benefited, and once she has tasted the results of such work she will be ever ready to keep her

* Read at a meeting of the Graduate Nurses' Association of Texas, El Paso, May 23 and 24, 1911.

membership and work for the good of the profession. The great trouble is that the majority want to be the generals, and object to being the soldiers, but of what use is a general if he has no soldiers? It is the soldiers who do the work and deserve the glory. It is the members who make the association and not the officers. To be sure, without the right leader the success will not be so great, but when the members are the right-thinking, enthusiastic helpers and workers they could not do otherwise than select the proper generals.

A great many times I believe people say things when they don't realize how they sound. For instance, I once heard a lady say she "did not believe in foreign missions," and yet she was giving largely to a school of waifs who were chiefly foreigners, so that they might be educated, cared for and made good citizens of the United States. It has been said that a man who is afraid to mingle with his fellow-men has something behind such a feeling that is not a credit to him. Let it not be said of this profession that the nurses who will not mingle with their fellow nurses either have not the right to do so or are afraid of competition. Rather let us band ourselves together and be thankful there are such ways and means of education open to us as associations of graduate nurses. Let us remain members, or become members, not only because we can derive great benefit from them by working to find the good in them, but because we can help our fellow nurses by our example, enthusiasm and work.

SCHOOL NURSING IN TORONTO, CANADA

By LINA L. ROGERS, R.N.

Superintendent of School Nurses

SECOND PAPER

(Continued from page 22)

RULES AND REGULATIONS FOR THE GUIDANCE OF MEDICAL INSPECTORS

General Rules

As teachers, nurses, and medical and dental inspectors are all employed by the Board of Education, and as all are working for the fullest development of the children, educationally and physically, it should not be necessary to ask for hearty and harmonious co-operation in the work.

Always be courteous and sympathetic with parents and children, and thus avoid much needless resentment.

Absolutely no suggestions as to treatment shall be given except as hereinafter directed.

Medical inspectors and nurses must promptly report all discovered

cases of contagious disease to the Board of Health, thus rendering efficient assistance in eliminating this menace to the community.

The following diseases must be referred to the principals for exclusion: Smallpox, scarlet fever, diphtheria, measles, German measles, mumps, chickenpox, acute tonsillitis, whooping cough, open cases of tuberculosis, and such diseases of skin, scalp, and eye as, in the judgment of the medical inspector, should be excluded.

Except in case of sudden illness, request for leave of absence must be forwarded to the Department of Medical Inspection at least one week before such leave is required. In case of inability to report for duty on account of illness, notify the Department of Medical Inspection by telephone. A written notification must follow within twenty-four hours. When reporting for duty after absence, a certificate of illness from the attending physician must be presented.

Daily reports must be forwarded in time to reach the Department of Medical Inspection by the first mail on the following morning.

At each school visited, a time-book must be signed, stating the time of arrival and departure. All cases requiring treatment must be referred by card, in sealed envelope, to the family physician. Medical inspectors and nurses must not remove the clothing for examination of children, without consent and in the presence of parent or guardian. Medical inspectors and nurses must not interfere in any way with the school discipline.

DUTIES OF MEDICAL INSPECTORS

Each medical inspector is assigned to a group of schools.

The hours of duty are from 9 to 12 noon.

Each medical inspector shall prepare a time schedule for his group of schools, which must be forwarded to the chief medical inspector for approval. A copy must be given to each principal.

Morning inspection must be completed before 11 A.M.

Physical examinations will be made after the morning inspections are completed until 12 noon.

MORNING INSPECTIONS

Morning inspection shall consist of inspection of children referred by the principals and nurses to the medical inspectors for examination for major and minor contagious diseases, marked physical defects, and for vaccination of those children whose parents have requested it.

No child shall be admitted to the classroom who has been absent two or more days for any unassigned cause before being examined by the medical inspector, if the principal or nurse has reason to believe that the child has been absent on account of illness.

All suspected cases of major contagious diseases must be excluded for the day. It will be the duty of the medical inspector to visit the home of the child within 24 hours, to make a definite diagnosis. Cases proving contagious will be reported to the Board of Health on forms provided; non-contagious cases will be permitted to return to classroom.

Diseases will be excluded for time indicated, as follows:

<i>Disease</i>	<i>Exclusion for disease</i>	<i>Exclusion for exposure</i>
Smallpox	8 weeks	2 weeks
Scarlet fever	6 weeks	2 weeks
Diphtheria	3 weeks (or until two negative cultures have been obtained)	2 weeks
Measles	3 weeks at least	
German measles	2 weeks	2 weeks
Mumps	4 weeks	2 weeks
Chickenpox	3 weeks	2 weeks
Whooping cough.....	6 weeks at least	3 weeks

In cases of suspected diphtheria a culture must be made at once. Culture media will be provided by the Board of Health at stations near all schools. A list of stations will be supplied to each medical inspector.

Each child excluded from school must be furnished with an official exclusion card, properly filled out and signed. In cases of persistent neglect, the parents shall be asked to confer with the nurse and medical inspector at the school.

Each pupil referred to the nurse for instruction or treatment must be given a slip upon which is written the child's name, and the code number of the disease.

The wooden tongue depressors supplied must be used to the exclusion of all other tongue depressors, and used only once.

CODE

- | | |
|--------------------------|-------------------------------|
| 1. Acute conjunctivitis. | 18. Blepharitis. |
| 2. Acute coryza. | 19. Tuberculosis. |
| 3. Diphtheria. | A. Enlarged tonsils. |
| 4. Favus. | B. Carious teeth. |
| 5. Impetigo. | C. Adenoids. |
| 6. Measles. | D. Enlarged glands. |
| 7. Parotitis. | E. Cardiac disease. |
| 8. Pediculosis. | F. Pulmonary disease. |
| 9. Pertussis. | G. Defective palate. |
| 10. Pediculosis. | H. Anæmic condition. |
| 11. Ringworm. | I. Defective nasal breathing. |
| 12. Scabies. | J. Orthopædic defects. |
| 13. Scarlet fever. | K. Chorea. |
| 14. Acute tonsillitis. | L. Defective vision. |
| 15. Trachoma. | M. Defective hearing. |
| 16. Varicella. | N. Epilepsy. |
| 17. Granulated eyelids. | |

READMISSION

Children returning after smallpox, diphtheria, and scarlet fever, must present to the medical inspector a certificate from the Board of Health of disinfection of the home.

Other contagious cases will be readmitted at the discretion of the medical inspector.

A slip readmitting child must be sent to the principal, according to the following form:

Mary Jones,

Re-admitted March 20th, 1911.

J. H. A. M.D.

ROUTINE INSPECTION

At the opening of schools after midsummer, Christmas, and Easter holidays, each medical inspector shall make a routine class inspection of schools in his charge, for the purpose of detecting any cases showing evidence of contagious disease or marked physical defects. This should be completed by the end of the first week, and should be conducted as follows:

The inspector should stand in the classroom with his back to a window, and have all the pupils file past him. In passing, the pupil will show palms of hands and wrists, will pull down the eyelid showing the conjunctiva, and open the mouth to expose the tongue and throat.

Name of child and diagnosis of disease must be recorded on the class record cards.

Code numbers must always be used to indicate the disease found.

All cases of contagious disease are to be dealt with according to former directions.

Marked cases of physical defects must be recorded on the physical record card; in those cases the marked defects only need be noted, the child awaiting complete physical examination in regular order.

In this hurried examination of pupils, diseases of the skin, scalp and eye, and evidences of major contagious diseases, can be detected. A careful watch should be kept for desquamation.

After the completion of this preliminary inspection, the daily morning inspection shall begin.

All children ordered under treatment, but not excluded, are to be

instructed to report to the school nurse at once; thereafter the nurse will have supervision of these cases until terminated.

PHYSICAL EXAMINATIONS

Each morning after the above duties are completed, the principal will instruct the children to report, in turn, to the medical inspector for physical examination.

Examinations are to be made in the following order, unless otherwise ordered:

1. Children entering school for the first time.
2. In the regular course, beginning with children of the lowest grades, and proceeding to the higher grades in regular order.
3. Classes of the same grade are to be examined in regular order in each school of the group.

Each child must be thoroughly examined for the condition of: (1) eyes; (2) ears; (3) nose; (4) tonsils; (5) pharynx; (6) teeth; (7) palate; (8) lymphnodes; (9) lungs; (10) heart; (11) nervous system; (12) spine and extremities; (13) nutrition.

The graduating class must be examined during the term in which they graduate, and the complete physical record sent to the chief medical inspector's office.

For the physical examinations, there will be the school physical record card, medical inspector's record, and the nurse's record copy.

A complete record of each physical examination must be made on the school physical record card, which must be filed in the school in a cabinet provided for that purpose, except in the case of the graduating class.

Slight physical defects will be marked x, for the guidance of the medical inspector in a future physical examination.

Severe cases will be marked xx.

Extreme cases xxx.

It is the duty of the nurse to see that those marked xxx receive immediate treatment from the family physician, hospital, or dispensary.

Each day, copies of the medical inspector's records must be given by the medical inspector to the school nurse.

Each child requiring treatment must be given a parent's notification card properly filled out and signed.

When the nurse reports that she is unable to obtain treatment for the child, the inspector must make at least one visit to the home, and endeavor to obtain treatment before terminating the case.

A case is terminated when treatment has been given, or when the parents absolutely refuse to have anything done.

When the case is terminated, the medical inspector shall note on the school physical record card what treatment, if any, has been obtained; the nurse's record copy is then forwarded to the chief medical inspector's office.

The medical inspector's records must be forwarded with the daily report.

MEETINGS

Medical inspectors must report in person, at such times as may be designated, to the chief medical inspector.

A meeting of the staff will be held once a week.

(To be continued)

A CALL TO THE COUNTRY

By MARY C. STROBHAR, R.N.

Graduate of the Laura Hill Hospital, Montgomery, Alabama

I WONDER if this recent experience of mine will be of interest or a bit of help to any one.

I arrived at the tiny town of G—— at 7.30 on a very dark night. Mr. S. (who is the postmaster, general merchant, and, in fact, G——) and his good wife were at the train to meet me. There is no station at G——. Mr. S. piloted the way with a lantern to his home near-by, and after enjoying an old-fashioned country supper, we started for my patient's home.

A negro drove, and Mr. S. and the pretty girl "school-ma'am" went with me. We had a long five-mile drive over a country road, and, had it been daytime, or even moonlight, we would have seen great fields of white cotton on all sides. We arrived at our destination at nine o'clock, six miles from the doctor (*not* over automobile roads) and five miles from the nearest telephone.

During the drive I learned from Mr. S. that the patient was a fifteen-year-old girl, who had been ill with typhoid fever for six weeks, and had suffered a relapse almost two weeks before my arrival. At four o'clock in the morning of the day I arrived, she had lost a quart of blood while sitting on a low vessel on the floor. She had always been taken out of the bed, even to void urine, "because she could not use a bed-pan."

Three other white families lived in the settlement, and I found all

the men
the nurse

I found
feeling
dermic,
early ea
mouth, c
every dr

Mr. S.
seldom
"Aunt
saw me
white dr
left the
back!"

I ga
the nigh
mixed w
a fearfu
cause of
when sh
she wou
repeat i
ment ev
that she
give he
deal),
butterm
(not be
two tea
taken, a
and a l
and bu
allowed
the doc
was us
Her ter
of alco
head.
the am
the us

the members at the patient's house, and in her room, waiting "to see the nurse."

I found the child asleep (in spite of the hum of voices), and after feeling her pulse, I hurried to give her strychnine gr. 1/30, by hypodermic, before stopping to don my uniform. The doctor, who came only early each morning, had left 1/40 gr. strychnine tablets to be given by mouth, one every four hours, but for several days the patient had vomited every drop of anything given her.

Mr. S. had also told me how very irritable and "fussy" Rachel was, seldom taking anything for any one excepting the old black mammy, "Aunt Maria." So you can imagine my delight when she roused and saw me for the first time and said: "Oh, you look so pretty in that nice white dress; I want you to stay with me all of the time;" and when I left the room she called out: "What's her name? Tell her to come back!" So we were good friends from the first.

I gave the strychnine every four hours, by hypodermic, and during the night she retained, in all, about one ounce and a half of albumin, mixed with a little crushed ice and whiskey. The child's nerves were in a fearful condition, and by morning I was confident that was the main cause of her vomiting, rather than a weak stomach. I also found that when she vomited her nourishment, if I would repeat it immediately she would retain it better than if I waited twenty or thirty minutes to repeat it. The next morning I began giving her one ounce of nourishment every hour, and by sponging her face with cold water and insisting that she be a sweet girl and not vomit, for if she did I would have to give her more right away (I found this little firmness helped a great deal), I kept her fairly well nourished. I alternated rice-water and buttermilk, with albumin. By mixing one-half of the white of an egg (not beating it, for then some would be "lost" in foam), and adding two teaspoonfuls of whiskey, there was but little more than an ounce to be taken, and by giving this every other hour, she took one ounce of albumin and a half-ounce of whiskey every two hours. The taste of rice water and buttermilk was a change from the albumin. Her bowels were not allowed to move for forty-eight hours after she had the hemorrhage (by the doctor's order, morphine gr. 1/6, with atropin, was given), and ice was used on the abdomen. The catheter had to be used for a few days. Her temperature was fairly well controlled with tepid baths or by sponges of alcohol and cold water (equal parts). An ice cap was used on her head. After the first day of giving nourishment every hour, I increased the amount, and gave it every two hours, and in a few days she was taking the usual amount of nourishment every three hours. I substituted

chicken broth for rice water and increased the whiskey to three drachms every two hours during the day, and four drachms every three hours during the night.

Saline enemas, 1 quart, were given, very slowly, when the bowels had not moved in 24 hours. In a week's time little Rachel's temperature was running from 99° to 101°. Once when her bowels needed flushing, her temperature reached 102°, but a saline enema moved the bowels well and brought the temperature down. It was longer before her pulse and respiration were as near normal.

The first few days I felt as though I would soon break down. I am constantly fussing about nurses who fail to take a fairly good amount of rest and exercise, for fear usually that "some one won't approve" (and there are many such nurses in our city), for it makes it hard for those of us who do.

But when yours are the only earthly hands to save a life, it is not easy to think of self, so my first few days with little Rachel will not soon be forgotten. But things could have been much worse, for although there was no mother, a nineteen-year-old daughter assisted as best she could. The father was more than anxious to do all in his power for his child, and make it as easy as possible for the nurse. Although they were gotten with difficulty, we had ice, alcohol, carbolic; also the things easily gotten in the country—good buttermilk, fresh eggs, chickens for broth, etc.—were never wanting and "Aunt Maria" was a veritable right arm to me.

I can't resist mentioning "Aunt Loo," the cook, a true old Southern slavery darkey. She was an endless source of amusement, and I venture to say that no one except a "real Southerner" could understand a word "Aunt Loo" says.

It was with the feeling that my trip had been worth while that I left Alabama's country hills and returned home to her city of hills.

MORAL PROPHYLAXIS

By GEORGE P. DALE, M.D.

Dayton, Ohio

(Continued from page 26)

IN how many families is the youth of to-day instructed by his father, mother, or teacher in regard to sexual matters? The prevailing idea seems to be that an early and simple instruction along these lines will poison the minds of the young, when in fact the child is not yet impure in mind and will not give an impure interpretation to the facts. Every

child's
the vita
he trut
falseho
is pecu
are the
this ari
to natu
There
use for
the liv
Both fa
interest
what h
body, i
indece
plain s
feeling
tell his
tions v
the ter
concer
disaste

Yo
to hea
They
instru
a very
influe
teachi
is one
diseas
of don
Lo
autho
and b
in oth
that p
sist o
male
chasti
conso

child's teacher, whether parent or friend, should be intelligent concerning the vital things of life, so that the many questions which are asked may be truthfully answered and the young life protected from the poisoning falsehoods of street instruction. In families this work of instruction is peculiarly the duty of the parent. A mother and a father as a rule are the only ones who can deal properly with an adolescent child. To do this aright the parent must in a real way never before suggested go back to nature and study her ways and be interested in all her processes. There are plenty of helpful books and pamphlets awaiting the parents' use for their guidance. They must come in closer personal touch with the lives of their children and gain their affections and entire confidence. Both fathers and mothers must be willing to sacrifice other purely selfish interest for their children. If a child inquires regarding a new baby, what harm can result from its learning that it came from its mother's body, in which it had been growing for a long time? There is nothing indecent nor obscene in the fact; there can be nothing objectionable in its plain statement. As puberty approaches, with its vague and disturbing feelings and thoughts, its physical and psychic changes, the father should tell his son, and the mother her daughter, the meaning of the new functions which are developing. That is the fitting time for warnings about the temptations to which both boys and girls are exposed, for instructions concerning practices which are productive of life-long shame, disease and disaster.

Young men should be taught that the continent life is not detrimental to health and to avoid unclean women as they would pestilence or plague. They should be warned against the danger of illicit intercourse. The instructions of older boy companions and of other unfit advisers are to-day a very common cause of sexual immorality. By this means one powerful influence for evil is passed on from generation to generation, viz.: the teaching that sexual indulgence is necessary for a man's health. This is one of the strongest factors in continuing prostitution and the resultant diseases, sacrificing wives and children and entailing the whole long list of domestic and national evils.

Leading physiologists and all physicians who are recognized as authorities teach that continence in the young tends to strength of mind and body and that illicit indulgence is not a safe substitute for marriage; in other words, that there is no "double standard" for the sexes, but that pre-nuptial chastity is essential for both. Medical men should insist on this known fact that sexual continence is not harmful, but that male chastity is as essential to good health and good morals as female chastity. There is no hygienic reason for indulging in solitary vice or consorting with prostitutes, public or clandestine. It is far better to

abstain from sexual vices. A man's reproductive organs, as those of a woman, are given to continue the race. Sons should have explained to them that fathers and mothers of marriageable daughters will be taught that when a previously healthy girl develops cystitis or pelvic inflammation immediately or shortly after marriage, there is usually but one reason for it, and that reason is the presence of venereal disease in the young husband.

The only salvation in the reduction of venereal disease and in raising the standards of morality is the education of the young. Let me insist again that to do this is primarily the parent's duty, when he has found time from the pressing duties of his daily life to keep himself in full sympathy with his children and has made himself the willing participant of their joys and their sorrows, the confidant of their evil as well as of their good deeds. But too many parents are indifferent, too many reserved or prudish for us to hope for much dissemination of knowledge from this source, without stimulus or pressure from without, and this stimulus must come from the medical and the allied professions. Every physician who realizes the benefits of right living and the dangers of vice and venereal disease and who is enough of a man himself to live a pure life, is shirking his duty to mankind if he does not enroll himself as a co-worker with one of the great societies doing work along this line. Physicians should be encouraged to write and disseminate among the public dignified and discreet treatises on various sexual and venereal topics.

Again let me say that home is the greatest moral inhibitor in society. Experience shows that even the worst of home surroundings is better than none. Cleanly and healthful surroundings for the poor tend to increase sex self-respect and with increased self-respect comes a lessening of immoral tendencies. Home-like hotels and boarding houses for worthy self-supporting persons, and especially for women, are some of the crying needs of the city.

In fighting these diseases the first thing to do is to turn on the light. At present we instruct the children in many matters of minor importance and keep from them the knowledge that would save them from their greatest dangers. In conveying this instruction the simple method is the best. Let me outline to you again some of these methods. Children before the age of puberty and before the emotions have become connected with any sexual ideas should acquire from their parents the idea "that all life of plant, of animal, or fish, of bird, comes from a previous life, and that, as a rule, it requires two previous lives before there can be any new life, that one of these lives is a male supplying something,

and the
to the
agency
and fr
rather t
With i
insects
other.
beings
propag
problem
mation
should
in ther
Parent
mother
few ex
especia
observa
associa
answer
pubert
anticip
period
ity of
these l
and be
vice, t
as wel
Co
as in
for ra
in the
sity o
shoul
woma
lines,
coccus
TH
been t
exten

and the other is a female supplying the rest." Through instructions as to the male and the female blossoms of the trees and flowers and the agency of bees in fructifying orchard blossoms and thus producing seeds and fruits, the child can be led to acquire a natural idea of sex or rather the idea that sex is a perfectly natural and not a mysterious thing. With increasing years the knowledge of the fertilizing of flowers by insects may be succeeded by that of the fertilizing of flowers by each other. Then through the sexual relations of animals to those of human beings the steps are easy, and the child will learn to look upon the propagation of the species as something quite natural, and the sex problem for him will be robbed of that mystic secrecy. Similar information, together with that concerning the function of menstruation, should be imparted by mothers to their daughters, but at a later age, since in them the sexual idea does not, as a rule, very long antedate puberty. Parents wisely alive to their duty most frequently tell the story of mothers and babies to their children when about eight years of age. A few explain the origin of human life earlier, when desirable, but the especial indications for it at eight years are that the child's powers of observation lead to questions and that other children with whom he associates now freely give misinformation unless his interest has been answered truly, sufficiently and wisely at home. The alterations at puberty, from ten to fifteen years of age, together with the need of anticipating evil outside influences, usually determine for parents the period for further definite instruction. Who can doubt that if the majority of physicians and allied professions would adopt instructions along these lines, teaching in addition the greatness of self-control and dignity and beauty of a pure life, as well as the degradation and dangers of vice, twenty years hence would see a remarkable change in the health as well as in the composite character of the nation?

Could a nobler work be performed by us than to help in a crusade, not, as in the past, a silent one, against these diseases which are responsible for race suicide, in its true sense, through the inculcation of knowledge in the minds of parents and the laity, as a body, in reference to the necessity of instruction of the young man as to the risks he runs personally, should he acquire them, and as to the risks to which he subjects the woman he marries? Should we, through our moral influence along these lines, and the only possible lines, be enabled to exterminate the gonococcus, preventive medicine would make the greatest of all strides.

The real difficulty in disseminating information along these lines has been the inability to reach the great mass of the public to any effective extent. The public press and the periodicals which serve for the en-

lightenment of the masses, and which have rendered such signal service in the campaign against tuberculosis and other infectious diseases through the popularization of hygienic knowledge, are absolutely barred to the mention even of the diseases we wish to prevent.

Dr. Howard A. Kelly, of Baltimore, says: "The great practical questions to be answered are: What is the work that is to be done? Who is to do the work? And what is the best way to do it? The work to be done begins right in the home by parents meeting the responsibilities touching their own children. If you have no children, then you may devote yourself to the public welfare, the status of the thing in our schools, and in our colleges, and perhaps most of all our courts, co-operating with the teachers in the public schools and with the splendid modern playground associations. Look into the housing conditions and sanitary arrangements for the poor, and the wages paid to girls. The least promising work is the eradication of existing prostitution. All attacks made upon the prostitute herself have been dishonest and hypocritical in that they may reach but the one, and that the weaker sex. Let every one who enters upon this crusade at once dismiss all notion that there is any difference between male and female prostitution. Your moral hands will be absolutely tied if you discriminate between the two. Except in flagrant cases, let us have no part in raiding, fining and harrowing these poor women; if it is to be done at all, take the men and let the women go free. You must look into the conditions of the poor children and see that they, too, are receiving adequate instruction. You must see that these instructions are given in schools and colleges. Watch the courts, especially the juvenile ones. You must see that women brought to trial are duly shielded and that in houses of detention and in the prison they are not exposed to indignity or to insult, whatever their status in life. You must treat the prostitute with infinite pity and compassion, but with respect."

Women who are willing to put their minds and hearts in work for world betterment should inaugurate educational work in their city or town, in the workshops, factories, churches, schools, social settlements, women's clubs, and colleges, and influence women of their section to do likewise until this work becomes international in character. A few can do nothing; public opinion must be aroused until resentment against these preventable diseases is as keen as it is now against all other preventable diseases.

To sum up all this—it is the duty of citizens in relation to social vice to practise personal, and insist on public, morality; to urge the registration by departments of health of all cases of venereal diseases; to

supply
affection
sex and
discoura
riage of
has been
of the c

I ho
statemen
of their
they wi
these di
are to i

T

Am
accessor
has a s
and mu
the sim
ing her
with th
conditio
frequen
binates
tween
feeling
cause
engorg
the ver
sinuses
being
directly
inal or
sinuses

Ad
centrat

supply to rich and poor alike competent medical treatment for their affection, however acquired; to advocate instruction in the physiology of sex and dangers of venereal diseases to all adolescents and adults; to discourage social recognition of all immoral men; to prevent the marriage of syphilitic and gonorrhœal subjects until the danger of infection has been averted by treatment; and, finally, to aid the legal authorities of the community to convict and punish criminal abortionists.

I hope that in these articles I may have brought out some facts and statements which will be the means of showing to nurses the necessity of their encouraging education regarding these topics, and I hope that they will stand with the medical profession in its effort to eradicate these diseases and to first give the parents the instructions which they are to impart to their children.

THE CAUSES AND SYMPTOMS OF HEADACHES

BY ANNE E. PERKINS, M.D.

(Continued from page 29)

AMONG frequently overlooked causes are diseases of the nose and accessory sinuses and the ears. The ordinary head cold or coryza often has a severe headache accompanying it, from swelling of the turbinates, and mucous membranes. Engorgement of the lymph-channels, serum in the sinuses, pus in the ethmoidal cells or frontal sinuses cause excruciating headaches. The closure of the eustachian tubes and interference with the ventilation of the middle ear, diseased tonsils, old catarrhal conditions of the middle pharynx and middle ear lead to severe and frequent headaches, as do enlargement and pressure of the middle turbinates. Irregularities of the septum and turbinates with pressure between middle and lateral walls of the nose, nasal spurs, etc., cause a feeling of tension, pain in the sinuses and general malaise, probably because the delicate Schneiderian membrane lining the nose is so easily engorged, and swelling prevents drainage and interchange of air through the very small openings communicating with the nose from the accessory sinuses. The nasal cavities are closely connected with the cranium, being near the brain and meninges, with the venous channels of the nose directly communicating with those of the cranium, and the great trigeminal or fifth cranial nerve is intimately related to the nose or accessory sinuses.

Adenoids produce a dull, heavy headache and an inability to concentrate, as seen in so many school children. Treatment and operation

are indicated in this class, to relieve the nasal and aural symptoms. It has been said that the ear does not show a falling off in function as soon as the eye, as half the hearing power may be lost and the patient not be aware of it, but old chronic non-suppurative catarrhal conditions produce headache and insidiously undermine the health of the patient for a long time before they are recognized, so that we should not stop with the oculist, but consult the aurist also more frequently.

We must consider headaches in connection with the patient's personal and family history, as a matter of routine, whether other members of the family also suffer with it, if there is migraine in the family, epilepsy, apoplexy, if the patient has ever been infected with syphilis, uses alcohol, drugs, has any heart or kidney lesion, dyspepsia, arteriosclerosis; when the headache comes on, what aggravates or relieves it, accompanying symptoms, character, frequency, duration, termination, when fitted with glasses, or if eyes never examined, tension of pulse, if pelvic diseases or pregnancy are present. Also in what region it occurs, as above the eye, in vertex, unilateral, temples, etc. Generally these regions are said to indicate certain causes, as above the eye, from eye or dyspepsia; forehead, constipation, nasal obstruction; vertex, anæmia, uterine disease; frontal sinuses, nasal; post cervical, neurasthenia; neuralgic form, carious teeth; acute spasmodic, regional.

The more we study headache, the more it becomes evident that it is important and complex, even if a trite subject. Its intractable nature may be judged by the multitude of remedies used by the laity, often of a quack or proprietary nature, harmful, fatal, or productive of a drug habit. Cocaine, morphine, bromides, chloral and acetanilid, antikamnia with its phenacetin, are all common ingredients. One wholesale house sells twelve different headache preparations, and makes over half a million annually, from drugs that are depressant, dangerous, and often fatal in the hands of people ignorant of their danger.

The headache of typhoid is often intractable, responding to no drug or treatment; this is often diagnostic as a prodromal symptom. In Bright's or the uræmic headache there is a tendency to drowsiness, urine is scanty and high colored, headache temporal, eyes painful on motion, nausea and vomiting may accompany. The early and frequent examination of the urine is important as often revealing albumin, indican in excess, etc.

Chronic Bright's and arteriosclerosis are generally associated, and few headaches are as persistent and severe, on account of the high tension and toxæmia. Only cerebral tumor and cerebral syphilis are as persistent and severe. Most headaches, unless organic, are ended by sleep,

or do not
perfectly
especiall
sion, is
and the
occasion

Pro
headach
especial
as this

Col
ache.
band s
hyster
nail w
cus.

work,
studen
towel
reliev
there
in st
entire
tight
the 'A
T

thro
lyin
dan
win
bloo
of c

com
the
me
an
of
ce
ne

or do not persist at night, but organic causes rarely leave the patient perfectly free from pain, but often prevent sleep, the headache of syphilis especially. Arteriosclerosis is a common cause, from high arterial tension, is persistent and resists treatment unless the cause is recognized and the blood pressure lowered by nitro-glycerin in minute doses, or the occasional bi- or tri-weekly administration of salines, blue pills or calomel.

Probably nothing is more often overlooked than the premonitory headache of eclampsia in pregnancy. Urinalysis should be often done, especially if there is a tendency to headache, dizziness, blurring of vision, as this may forestall convulsions by detecting albumin.

Collins says that over 40 per cent. of neurasthenics complain of headache. This is often vertical or post cervical, a burning, or a constrictive band sensation, and may be partly due to insomnia. Neurasthenic and hysterical patients also complain of an acute agonizing headache as if a nail were driven into the brain; this headache is known as clavus hystericus. Lack of sleep, overactivity of the brain in study, business, literary work, without sufficient exercise or sleep, produce the headache of the student cramming for examinations, the writer, preacher, etc. A cold towel, tied tightly about the forehead, or an ice-bag applied, generally relieves this. The vasomotor or congestive headache is worse from lying, there is throbbing, fulness of blood-vessels of head. It occurs commonly in stout, plethoric people who eat heavily and exercise little. The entire head aches severely. This variety may come from a tight collar, tight corsets, coughing, anger, exposure to sun, etc., or it may be from the "morning after."

A "gun headache" occurs in sportsmen, from recoil of the gun.

The anæmic headache is dull, constant, vertical, or frontal, sometimes throbbing, always worse from fatigue, mental strain and standing, better lying, relieved from taking a stimulant, as tea, coffee, wine, hence the danger of alcoholic habits developing, when a patient is advised to take wine. The lack of blood is not so liable to be the cause as toxins in the blood. Generous diet, strychnine, iron and indicated tonics with plenty of out of doors help this type.

The headache associated with pelvic diseases or the menses is very common. It may come on a day or two before the menses, to cease when the flow is well established or accompanies the pain of the first day of menses. Some women always have it the last day of menses, from anæmia, if the flow has been profuse. At the menopause, or in presence of old troublesome cervical lacerations, the vertical, parietal, or post-cervical ache is complained of, especially if the patient is somewhat neurotic. Ten per cent. of the "sick headaches" are, in women at the

climacteric, generally accompanied by pelvic lesions. Gouty conditions, faulty excretion with retention of toxins in the blood, lead poisoning, rheumatism, are all frequent causes. The headache of syphilis is intense, boring, worse at night. The rheumatic is accompanied by a soreness of the occipito frontalis, with tenderness and pain on moving the scalp or brushing the hair or from movements of the eyes.

Any sudden departure from the ordinary routine, as late hours, excitement, a cold or deferred lunch, shopping, sightseeing, looking at pictures or objects in a museum, or prolonged eye-strain will produce a headache. Probably eye-strain or errors in refraction account for the shopping and sightseeing headache; some people have a Sunday-morning headache, which cannot be satisfactorily explained. In New England, it is likely to be due to the pernicious habit of baked beans and brown bread which is a religious rite for Saturday supper. In many, it seems to be due to dozing, sleeping too much, breaking the daily habit of earlier rising. Those subject to it avoid it by rising at the usual hour.

The Monday morning headache is due to the bad practice of eating a heavy Sunday dinner and then lying around, often nibbling nearly all day. Coffee and tobacco-smoke are recognized causes in some cases.

The worst of all headaches is true migraine, "the sick-headache," a neurosis, generally hereditary, more common in women and occurring especially in families whose members are "nervous," insane, hysterical, epileptic, asthmatic, etc. It has been said to be especially common in individuals of ability and genius but this is not proven, as many defectives have it. It probably depends on vasomotor derangements. The typical attack is paroxysmal, periodic, unilateral, often with half vision or blurring, blackness, specks before the eyes and dizziness. The patient is absolutely prostrated all day or for two days, lies in darkness, quiet, vomits, often without relief, because of pain, not always because the stomach is upset. The tongue may be clean and no constipation or toxæmia present. Vomiting may relieve the cerebral arterial pressure. The headache often comes on without any previous warning, the patient being as well or better than usual, or even after an unusually refreshing night's sleep. True migraine commences in early childhood and lasts till well past middle life, diminishing in severity with age. The attacks are often precipitated by late hours, menstrual period, excitement, drinking, overwork. If they persist or grow worse at middle age, the chances are that Bright's or arteriosclerosis is present.

An analogy to epilepsy has been pointed out. Family headaches are generally migraine or from faulty feeding. This headache is agonizing. The eyes feel pulled out of their sockets, the slightest movement of the

eyes in
sweat,
is a vi
nothing
morph
able, c
quence
yet be
headac

Ev
recur
sion o
aches,
resum

N
tiplic

In
under
thera
repea
perfec

A
over
temp
omit

E
mean
said
a sim

eyes increases pain, pulse is small and weak, face pale and covered with sweat, often there is a sensation of impending death. The person who is a victim of this deplorable disease is indeed to be pitied, for too often nothing can be done that essentially cures. This produces countless morphine takers and drunkards, for it is periodic and recurrent, intolerable, and anything which relieves is seized upon, regardless of consequences. Periodical headaches, however, may appear to be migraine and yet be due to some local cause which can be completely removed and the headache cured.

Every endeavor should be made to find a cause. Malaria produces recurrent headaches long after a severe attack. A head injury, concussion of brain, with or without a fractured skull, may cause such headaches, even after an apparently perfect recovery, especially if the person resumed work too early.

Nitroglycerin may give immediate relief in migraine. The very multiplicity of remedies shows their uselessness.

In treating headache, not the immediate cessation of pain, but an understanding and recognition of the cause, with a proper hygienic and therapeutic course outlined, must be looked for. Very hot compresses repeated for an hour or two, a hot foot-bath, an ice-bag, warm bath, perfect quiet, darkness, are good household remedies.

A persistent headache may be relieved by lumbar puncture. Pressure over the carotid common artery of the side where pain is worst relieves temporarily. Drinking plain hot water may relieve, but it is better to omit food and drink during an attack.

Epistaxis in the middle-aged should arouse suspicion, as it may mean the onset of hemiplegia and be a safety valve. Enough has been said to show the thoughtful that a headache is, after all, not necessarily a simple thing.

THE RED CROSS



IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of National Committee on Red Cross Nursing Service

THE following Proclamation concerning the American Red Cross and the relation which it bears to the Army and Navy of the United States in time of war has recently been issued by the President of the United States, and will be of interest to all nurses who form a part of the American Red Cross personnel:

BY THE PRESIDENT OF THE UNITED STATES.

A PROCLAMATION.

WHEREAS, the American National Red Cross having been incorporated by an act of Congress January 5, 1905, "To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of * * * the Treaty of Geneva of August 22, 1864;" and

WHEREAS, it is desirable definitely to state the relations that shall exist between the American National Red Cross and the military departments of the government in the event of war:

Now, THEREFORE, I, WILLIAM H. TAFT, President of the United States, by virtue of the authority in me vested, do hereby declare and proclaim—

1. That the American National Red Cross is the only volunteer society now authorized by this government to render aid to its land and naval forces in time of war.
2. That any other society desiring to render similar assistance can do so only through the American National Red Cross.
3. That to comply with the requirements of Article 10 of the International Red Cross Convention of 1906 (revision of the Treaty of Geneva), that part of the American National Red Cross rendering aid to the land and naval forces will constitute a part of the sanitary services thereof.
4. That it should be desirable in time of war, or when war is immi-

ment, for the War Department or the Navy Department to make use of the services of the American National Red Cross, the Secretary of such Department is authorized to communicate with the President of the Society, specifying the character of the services required, and designating the place or places where the personnel and material will be assembled.

5. That when any member of the American National Red Cross reports for duty with the land or naval forces of the United States, pursuant to a proper call, he will thereafter be subject to military laws and regulations as provided in Article 10 of the International Red Cross Convention of 1906, and will be provided with the necessary brassard and certificate of identity.

6. That except in cases of great emergency, the personnel of the American National Red Cross will not be assigned to duty at the front, but will be confined to hospitals in the home country, at the base of operations, on hospital ships, and along lines of communication of the military and naval forces of the United States.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of the United States to be affixed.

DONE at the City of Washington, this twenty-second day of August, A. D., one thousand nine hundred and eleven, and of the Independence (Seal) of the United States of America, the one hundred and thirty-sixth.

WM. H. TAFT.

By the President:

HUNTINGTON WILSON

Acting Secretary of State.

ALTHOUGH the women of America have always rendered conspicuous service to their country in time of need, and their patriotism and loyalty have never been questioned, no formal recognition of their devotion has ever been made. That there is an awakening appreciation of this fact, and a willingness to honor service and self-sacrifice for the good of one's country, regardless of sex, is evidenced by a proposition most graciously made at a banquet of the Loyal Legion in New York. I quote from *The Washington Post* of October 5, 1911.

"A movement to raise half a million dollars to build a national monument in Washington to the memory of the women of the civil war was launched in New York last night at the dinner of the New York Commandery of the Loyal Legion and met ready response here.

"A special committee to further the project was appointed at the

banquet consisting of Maj.-Gen. Frederick D. Grant, Commander of the department of the East; Gen. Thomas H. Hubbard, Gen. J. Fred. Pier-son, L. J. Langdon Ward, Capt. James J. Scrymser, Capt. Loyall Farragut, and First Lieut. Thomas Sturgis.

"The proposed memorial was the topic of a speech delivered there by James M. Beck, counsel for the commandery, in response to the toast, 'To the memory of the women of the civil war,' in which he eulogized American women for the part they have played in the history of this country.

"Mr. Beck, in explaining the project, said:

"This project is one of singular nobility and beauty. In many ways it is absolutely unique. Notwithstanding the vaunted chivalry of our race, and all the rhapsodies of poets and artists with respect to woman, it remains a fact that there are few memorials which record the heroism, the self-sacrifice, and the patriotism of woman.

"There are many memorials to the deathless valor of the boys in blue, but not less worthy of commemorative art are the equal self-sacrifice and courage of the women of America who freely gave their lives at the fever-stricken camps which followed the march of our armies.

"It is pointed out that hundreds of women gave up their lives during the civil war while serving as nurses or in other capacities."

"Thomas S. Hopkins, judge advocate general of the G. A. R., said:

"This project is the most worthy mentioned in the United States in many years. The women who suffered and even died in the civil war for the sake of their country have never received recognition. It is time that some monument should be erected to them in remembrance of their brave deeds. Had it not been for the bravery of the women who served as nurses, the suffering would have been multiplied innumerable times."

SURGEON-GENERAL ARTHUR W. MAY, Royal Navy of Great Britain, recently called at the War Department and gave a most interesting account of new work undertaken by the English Red Cross, in which he is much interested. They have as yet no Nursing Service in connection with the English Red Cross but have undertaken the organization and instruction of Volunteer Aid Detachments. These detachments are made up of untrained men and women, and their instruction includes First Aid, Home Nursing, and Diet for the Sick. The Surgeon-General believes that this dissemination of the fundamental principles of nursing among the people will not only tend to improve the hygiene of the home, but lead to more intelligent co-operation with the Red Cross.

MA
which
enrolle
to be l
Associ
mittee
meeting
time i
have
care t
M
gener
ment
comm
send
mont

T
losis
Post
any
Seal

in e
this
and

MAY we, through the JOURNAL, remind State Nurses' Associations which are organized for Red Cross work, members of Committees, and enrolled nurses, of the annual meeting of the American Red Cross to be held in Washington on December 5, 1911? Such State Nurses' Associations are entitled to send a delegate, and all members of Committees and enrolled nurses are privileged to attend. There will be a meeting of the National Committee, probably on December 4, at which time its members will be glad to consider any difficulties which may have arisen, or any suggestions which state or local committees may care to submit.

Members of committees have returned from their vacations, and are generally reporting as ready to undertake the winter's work. Our enrollment of Red Cross nurses now numbers over 2250. State and local committees are reminded of semi-annual reports, and are requested to send to the chairman of the National Committee by the first of each month items of interest for the Red Cross Department of the JOURNAL.

THE National Association for the Study and Prevention of Tuberculosis states: "It is very important that every one bear in mind that the Post Office Department will not carry any letters bearing these seals or any other non-postage stamps upon the face of the letter. Red Cross Seals may and should be placed on the back of letters and packages.

"Agents for the sale of Red Cross Seals have now been appointed in every large state of the United States. More territory will be covered this year, and more agents will sell seals than ever before. We need and want a million dollars from the sale of Red Cross Seals in 1911."

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE CONGRESS OF 1915

ALREADY the proposition is on the wing that the International Council of Nurses' Meeting and Congress falling due in 1915 shall be held in California during the World's Fair in San Francisco, and the idea is mightily congenial to all who have heard of it. We have now had international congresses in the eastern part of the United States and in Western Europe. During the next three years it is probable that the Council will be augmented by the membership of the Nurses' Associations of Asia and the Islands and Continents of the Pacific, and we may hope to gather in San Francisco nurses from Australasia, China, India, and Japan who would perhaps not be able to take a longer journey. Then, too, the great Northwest of Canada and our own country will be near enough to come.

SWEDEN

WITHIN the past two years, death has claimed a toll taken from among the brightest and best in the nursing profession. England, our country, India, and now Sweden have been thus visited. Miss Estrid Rodhe, editor of the Journal of the Swedish Nurses, was called away most suddenly on August 28, passing peacefully in her sleep between night and morning. She was greatly beloved, a strong, true, elevated character and winning personality, and our sisters of Sweden are mourning her and wondering who will take up the work she has left.

Sweden is to have a parliamentary inquiry into the conditions of work of nurses, their salaries, and their resources in old age and in illness. The nurses had not asked for this inquiry and were surprised when an act providing for it was passed in parliament. They, however, are awaiting its result with interest. In a country like Sweden, where civilization has reached a high point, and where nurses are drawn from an exceptionally high social plane, their living conditions will probably not disclose much that is oppressive. Fraulein Charlotte Reichel, the talented young college woman who has interested herself ardently in

the economic and social status of nurses in Germany, inquired into Swedish nursing affairs when in Stockholm at the recent international congress for woman suffrage, and found the typical Swedish nurse to be a woman of very superior education and culture, with, on the whole, advantageous conditions of work, though hours are still too long, as a rule.

HISTORY

It is possible that a translation of "A History of Nursing" into French may be undertaken in the near future, a proposition to this end having been received by the authors from a highly gifted and professionally trained lady, who has reason to think that the costs of publishing—which are almost prohibitively heavy from the standpoint of profit—may be assumed by philanthropic friends and an equally altruistic publisher. The authors will, naturally, be gratified if this proves to be the case. The German nurses' journal of a recent date speaks also of a desire expressed in certain quarters to have the "History" translated into Danish. But this would seem an undertaking scarcely to be advised, as the sale could hardly be large enough in one small country to make it worth while, for even with the large English-speaking market open to it the "History" in English has not yet reached one thousand sales. Besides, all Danes speak and read either German, French, or English—often all three, and if there is to be a French as well as a German translation the requirements of all nationalities will probably be met fully.

Sister Agnes Karll has now completed her truly gigantic task of translating the second volume within the limits of one summer, and it will be ready to appear before Christmas.

LETTERS

WHILST preparing the third volume of Nursing History the editor and compiler has received a most interesting and historically precious mass of letters from all corners of the globe, which she rightly regards as a great treasure for the nursing army. Her former bad habit was to destroy all letters immediately they were answered—a habit directly opposed to history-making—but this idiosyncrasy has been broken by her historical labors, and she meditates enclosing all this mass of data, much of which is, indeed, too intimate and too truthful to be published at present, in a strong box and placing it in the Library of the International Council of Nurses in London, there to be accessible only to future generations after all of us are dead.

In a history written of living persons the background is often too

close for us to get the right perspective, and living persons cannot be discussed as impersonally as those who have passed and gone.

THE reviews of Miss Linda Richards' "Reminiscences" are appearing in the foreign nursing journals—the French, English, German, and Danish. The book receives a most cordial and warm reception, being regarded as not only a captivating story from life, but also a valuable contribution to nursing history. The remarkable extent of Miss Richards' "building-up" work in being called from one hospital to another to organize and construct, is rightly made a point for special emphasis and admiration.

ANOTHER St. Bartholomew's nurse, Miss G. Cowlin, is entering Teachers' College for the Hospital Economics Course. It is indeed gratifying that a successor to Miss Rundle should come to us in so prompt a fashion, and we hope she will feel herself rewarded for the trip.

Miss Cowlin took part in the Pageant of Nursing given last winter by British nurses. She represented Jeanne Mance, whose portrait and statue are in Montreal.

MISS SNIVELY is abroad for a year and will be warmly welcomed at Cologne, where she expects to be on hand for the congress.

MISS TURTON writes from Rome that the most encouraging progress is being made in the Queen Helena's Training School; a feeling of firm and substantial foundations laid gives every one confidence, and new pupils of highly desirable characteristics are presenting themselves. Two lovely Florentine nuns have come to study methods and it is possible that Florence may initiate a similar foundation.

How quickly our nursing press unites us is shown by a letter from Dr. Hamilton, who writes: "I have received a letter from a woman physician in the North India School of Medicine for Christian Women, at Ludhiana, asking for copies of my '*Carnet d'exercices pratiques*' [compact neatly bound note-books with printed headings for keeping a perfect record of the pupil's training course and showing her standing and capacity] which they want to adopt in their nursing school. They read of it in the *British Journal of Nursing*." These little note-books are excellently arranged for giving, in a small compass and systematic form, a complete history of each pupil in training.

THE march of women toward enfranchisement is being continually joined by nurses, now in one now in another part of the world, and they are presenting the nurse's point of view with skill and persuasiveness. The *British Journal of Nursing* for September 2 says:

"An excellent article entitled 'Why we want the vote,' by Miss Beatrice Kent, appeared in the last issue of *The Vote*. Miss Kent says:

"In my opinion no class of woman requires and deserves the power and protection of the Parliamentary vote more than trained nurses.' After showing that for over twenty years trained nurses have been working for their professional enfranchisement in order to safeguard the sick public against the untrained nurse, to safeguard the trained nurse against unfair competition, and to raise the standard of the nursing profession, Miss Kent continues:

"Their long fight as voteless women has shown them, as nothing else could, that, had they been armed with that powerful weapon—the vote—they would have been victorious long ago. Some wise writer has said, 'No race or class of sex can have its interests properly safeguarded in the legislature of a country unless it is represented by *direct suffrage*.' (The italics are mine.) This truth is being proved every day in the case of male voters.

"Seeing, then, that every race, class, and sex is dependent in time of sickness upon skilled nursing quite as much as upon medical attendance, and seeing also that trained nursing is intimately bound up with the health and life, and therefore with the comfort and happiness of the nation; putting aside for the moment the question of justice, does it not appear that the state *needs* the nurses' vote?"

THE Dresden Woman Suffrage Association has taken the occasion of the International Hygiene Exhibition to arrange, in co-operation with the four other progressive women's associations of Dresden, a conference on "Hygiene and Woman Suffrage" whose aim was to demonstrate that efficacious care for popular health is impossible without women's partaking in legislation.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
EDNA L. FOLEY, R.N.

TUBERCULOSIS WORK*

By MARY L. EMRIE
Graduate of Cincinnati Hospital Training School

THERE are three nurses engaged in tuberculosis work in connection with the City Dispensary in Cincinnati, two employed by the City Department of Health and one by the Anti-Tuberculosis League. Considering the geographical area and the tuberculosis death rate of Cincinnati, the nurses' hands are all too full. The Health Department, realizing the demand for more workers along this line, admits a financial handicap which prevents the employment of a greater number. In addition to the three nurses, we have with us in the work a cured consumptive, as an assistant, who renders valuable aid to the nurses and at the same time serves as an inspiration to the patient. This feature has been tried in other cities, and we find from our own experience that it works out very satisfactorily.

The work is divided into three classes, viz: dispensary work at daily clinics, instructive and constructive work in the homes, and a large amount of clerical work, arising from the necessary record-keeping relative to each case.

The daily clinics are held from 12 to 2 with a salaried medical director in attendance and one or two volunteer clinicians. One night clinic is held each week for the benefit of working people who would otherwise be deprived of the benefit of the dispensary. All medication is free, where investigation of finances indicates. A throat specialist is in attendance each Wednesday, making gratuitous examination and giving treatment to patients requiring the same. A class has been formed of the more intelligent patients, and one clinic is devoted to

*Five-minute paper read at the September meeting of the Cincinnati Graduate Nurses' Association.

cases where conditions indicate that a response would be obtained from the use of tuberculin; and patients are given treatment accordingly.

On the grounds of the Branch Hospital, the day camp for consumptives was opened the latter part of June and was a notable feature of the summer's work with the tuberculous. This camp was maintained by the Anti-Tuberculosis League. The ambulant cases were provided with car-fare, were met by conveyances at the end of the car line, and thus each morning were given the opportunity of getting away from the congested tenements and the intense heat of the dusty, smoky city into the refreshing green of the country, high on the hill.

After reaching the grounds, the patients were served with milk and crackers. At noon they partook of a meat and vegetable dinner served in a screened dining room, and before returning home in the evening they were again served with some light nourishment. This camp was well provided with tents, cots, hammocks and reclining chairs and was taken advantage of and thoroughly appreciated by many victims of the white plague. Eight of the men patients stayed in camp night and day, and when camp disbanded in September, arrangements were made enabling these men to continue tent life, taking their meals at the Branch Hospital. Great credit reflects on Miss Helbert, as the success of the camp was due to her untiring efforts and able management.

The sociological feature of the work requires much of the nurse's time. The crowded home with its congested sleeping quarters, the meagre income and the injudicious spending of the weekly wage, the complete systematizing of general household affairs are all problems that the nurse must meet and endeavor to solve. The relief work of the dispensary is handled by the Associated Charities, and we feel that much good has come out of the regular bi-monthly meetings between the workers of the charity organizations and the dispensary medical director and nurses. These meetings are given over to discussions of such cases as demand relief, and the same work out much more satisfactorily after our friendly conferences. Often the nurse and agent of the charity organization visit together, and thus work out the family problems. Since January, 1911, the dispensary has handled an average of 335 patients per month.

The general public is keenly aroused to the importance of combating this dread disease. The work along these lines continues to grow, but it will be only in the years to come that there will be a showing of the effort now being put forth.

ITEMS

THE accompanying illustrations have been loaned by the Infant-Welfare Society of Chicago, Minnie H. Ahrens, R.N., Superintendent. Not the least interesting fact about the work of this society is that, while it takes very good care of the babies and their mothers during the hot months of the summer, it looks out for these same mothers and infants during the other ten months of the year, as it believes that two months of instruction to helpless mothers is of little value unless it can be followed up faithfully all the year around. One of the most successful features of the work has been the weekly conferences at the Infant-Welfare Stations for the mothers, and the following quotation from an attractive little folder recently published by the society tells exactly what these conferences are. The figures are interesting as showing the results of work carried along through twelve months of the year.

WHAT A CONFERENCE IS.—It is the coming together of the mothers and babies at an Infant-Welfare Station with a physician and nurse in charge.

To these meetings the mothers bring their babies weekly. The babies are there stripped, weighed by the nurse and examined by the physician. To the conferences are brought not only babies who are furnished with milk by the society, but also breast-fed babies. The mothers are instructed by the physician as to proper diet, regularity of feeding, fresh air, sleep and cleanliness.

REPORT OF WORK

Showing what has been done from January 1 to September 1, 1911

Number of nurses.....	10
Number of stations.....	10
Number of conferences held	448
Total number of babies attending conferences	4,239
Number of deaths of babies under our care for two weeks or more31, or 2.1 per cent.
Number furnished certified milk and taught home modification.	520
Visits made in the homes by the nurses	8,543

The nurses have carried the gospel of proper feeding, fresh air and cleanliness.

If the babies are to be saved, this gospel must be preached 12 months of the year; then when the hot summer months come the babies will have acquired resistance, and the mothers will know how to care for them.

Three new nurses have been added to the staff: Maud Buckland, Michael Reese Hospital; Mary Netzel, St. Mary's Hospital, and Eva Renwick, Illinois Training School.

A RECENT request for literature sent out to many visiting nursing organizations throughout the United States has received a very generous



A MOTHER'S CONFERENCE, CHICAGO COMMONS STATION, CHICAGO INFANT WELFARE SOCIETY.



A GROUP OF MOTHERS AND BABIES, HENRY BOOTH HOME STATION, CHICAGO INFANT WELFARE SOCIETY.



CHICAGO INFANT WELFARE NURSE TEACHING HOME MODIFICATION OF MILK.

respon
cember
given,
11 ma
helpfu
umns
to tin

T
ventic
will u
distri
cial r
nurse
Foley
may
nurse
after

M
and
artic
the
vent
I
at t
"Th
weig
five
rati
brea
of a

response from many societies appealed to. It is hoped that in the December number of the JOURNAL reports from these societies may be given, in order that the tremendous growth of the work during 1910-11 may be realized. To make this department a really co-operative and helpful one, nurses who may find items of interest and help in its columns should remember that they too can help by sending in from time to time newspaper clippings and reports of their work.

THE Annual Conference of the Association for the Study and Prevention of Infant Mortality, to be held in Chicago, November 16 to 18, will undoubtedly attract a great many nurses interested in social and district nursing. Any nurses particularly interested in holding a special meeting, probably a dinner, to welcome to this country the visiting nurses from across the seas are invited to communicate with Edna L. Foley, 105 W. Monroe St., Chicago. The Chicago nurses hope that it may be possible to arrange a dinner at Hull House, and that several nurses, whose names are familiar to all of us, can be induced to speak after the dinner.

MANY traditions with regard to the feeding of tuberculosis patients and with regard to food in general, are given severe blows in a series of articles published in the October number of the *Journal of Outdoor Life*, the official organ of the National Association for the Study and Prevention of Tuberculosis.

Dr. John R. Murlin, of New York, Assistant Professor of Physiology at the Cornell University Medical College, holds in an article entitled "The Dynamic Principles of Nutrition," that a consumptive will gain weight and do well on three pints of whole milk, eight ounces of cream, five ounces of milk sugar, six eggs and two slices of buttered toast, as a ration for each 24 hours. The entire diet with the exception of the bread and butter could be prepared in advance and served for a cost of about 50 cents for the day.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

BACK NUMBERS OF THE JOURNAL WANTED

I

DEAR EDITOR: May I ask through your columns if there are any who will dispose of their back numbers of the JOURNAL for 1911, up to the August number. If so, will they please write directly to me and give their prices.

Ocilla, Georgia.

LORENA J. BAKER.

II

DEAR EDITOR: I would like to ask through the JOURNAL if there is someone who would like to dispose of back copies of the JOURNAL. I wish to obtain the following four numbers: January, February, March, and April, 1908.

1154 19th Street, Des Moines, Iowa.

MARTHA VEITCH, R.N.

III

The secretary of the American Nurses' Association, Agnes G. Deans (174 West Fifth Street, Oswego, N. Y.), wishes to purchase six copies of the JOURNAL for August, 1911, and will pay twenty-five cents apiece for them. Please communicate with Miss Deans before sending the magazines.

IV

The following copies of the JOURNAL are needed to complete the file destroyed by fire at the State Capitol, Albany, N. Y.: October, November, and December, 1900; and November, 1901. If any nurse is willing to donate these, she should address them to Dr. H. L. Taylor, Education Department, Albany, N. Y.

AN EMERGENCY ROOM

DEAR EDITOR: Will you please tell me where I can get information in regard to an emergency room in a town where there is no hospital. I would like to know about how much it would cost to furnish it, and what the equipment usually is, also how much it would cost to run it after it was fully equipped. How ought it to be started to be successful.

Vermont.

E. S. G., R.N.

HOMŒOPATHIC MATERIA MEDICA

DEAR EDITOR: I am a graduate of a training school connected with an allopathic hospital, and at present am in charge of a training school connected with a homœopathic hospital.

I feel that I must give the nurses sufficient instruction in materia medica to enable them to pass their state examination, and yet, as you probably know, homœopathic physicians do not think that it is necessary for them to have a very broad knowledge of materia medica.

To be quite frank with you, my own knowledge of homeopathic materia medica is limited, so that the problem of deciding, not only what to teach the nurses, but how best to teach them, is a very difficult one for me to solve. If someone who had solved this problem will kindly send me suggestions as to how to teach homeopathic materia medica, what to teach, and the name of the best text-book to use, it will be a very great help to me. It is not only a question of my solving this for my own satisfaction, but I am anxious to solve it in a way that will do justice to the nurses and give satisfaction to the physicians.

I assure you that I shall be most grateful to anyone who will send me any helpful advice.

Pennsylvania.

"PUZZLED TEACHER."

AN APPEAL TO THE BOARDS OF EXAMINERS

DEAR EDITOR: These published questions of the boards of examiners of nurses are beginning to make an impression upon me, and these last, from Colorado, have gotten me on to my feet and I beg leave to "speak in meetin'."

I do not single out Colorado because it is especially different from the others, but rather because it isn't, and so it makes a good specimen for clinical treatment.

I need not remind you that Colorado does a very extensive work in the nursing of tuberculosis. Just whether *all* of those tuberculosis patients *should* be in Colorado or not is a different story. They are there, and Colorado is bravely taking care of them.

Now please get out your October JOURNAL and run your eye carefully over those examination questions. The word tuberculosis *does not appear*—even under "Contagious Diseases," not even an allusion to it, except possibly, "Name five air-borne diseases." Medical nursing touches upon pulmonary hemorrhage. Bacteriology would probably draw out something about it—but might not. That is *all* on the subject. Anatomy asks: "State the chief difference between the coats of the arteries and veins." Physiology asks: "What are the mastoid cells?" Now these last two questions have a right, even, perhaps, an important place in the educational equipment of a nurse. *But what about tuberculosis?*

World statistics tell us that one death out of every seven is from tuberculosis. What about the nursing of this disease that causes fourteen per cent. of all deaths and therefore a considerable percentage of all the world's nursing?

We all know how meagre is the training school instruction on this subject. Are the examining boards going to let this dangerous ignorance continue under the dignified patronage of R.N.? Heaven forbid! And I know whereof I speak when I say that there is dangerous ignorance. It is no secret that many nurses absolutely refuse to respond to calls from tuberculosis cases.

Why? Because they are afraid of it! Why are they afraid of it? Because they do not know (never having been sufficiently taught) how to take care of it with safety to themselves.

And what is the remedy? According to Miss Stewart, in the September JOURNAL, it is more education—and she is right.

If an applicant coming up for registration has not had enough obstetrics, she is sent back to get more. If she hasn't enough of dietetics she must get it. If her school did not give her bacteriology she must go back somewhere else and

get it. But tuberculosis. If she got little or no tuberculosis—why—well—well *tuberculosis!* Well, what of tuberculosis? Tuberculosis *must* be taken care of.

I have been nursing for twenty years (a proud record) and I have seen tuberculosis file down these two decades in a procession as unbroken and as appealing as a "bread line." For three years I have done nothing but tuberculosis work and I am not talking at random when I say that tuberculosis must be taken care of. And I do hereby raise my voice in protest and appeal to the state boards of examiners of nurses (who are actually setting the pace for the rest of us) in protest against the almost utter ignoring of tuberculosis in state examinations, and in appeal that this great subject shall be brought to its rightful place as an indispensable part of the equipment of a duly "registered nurse."

State Sanatorium, Wales, Wis.

GRACE HOLMES, R.N.

THE QUINTON POLYCLINIC IN LONDON

DEAR EDITOR: The exceedingly hot summer in London has had the same effect upon the little babies as it has at home—over six hundred a week dying from infantile diarrhea because their mothers did not know how to take care of them.

A charitable dispensary has recently been opened in Poland Street, Soho, just off Oxford Street, through the generosity of Mr. Otto Beit, the South African millionaire, to give London babies an opportunity of obtaining the sea-water cure—the "Quinton Isotonic Plasma"—a cure which has saved thousands of infant lives in France in the past seven years.

M. Quinton, a professor of physiology in the College de France, working on the theories explained in the accompanying pamphlet, established a dispensary in Paris, primarily for the treatment of gastro-enteritis in infants, by this sea-water cure.

All the staff, medical and nursing, at Poland Street have had training in Paris, and on the day of our visit Professor Quinton himself was present, keenly interested in what was being done.

Babies and mothers by the score, waiting wistfully and hopefully for examination and treatment, dressed as only London mothers and babies would be dressed with the thermometer at 90° in the shade, or coming away full of happiness, were in the waiting-rooms.

After examination the treatment is given, according to the doctor's direction, by a nurse in an adjoining room. The baby lies on its chest on its mother's knee, while the nurse, after carefully sterilizing the shoulder-blade, inserts the needle, which is attached to a long rubber tube connected with a bottle holding about a pint of fluid. This bottle is hung above on the wall, and is marked off in cubic centimeters. About 50 centimeters are given to a young baby, generally twice a day. A simple collodion dressing is applied after the injection.

It is all very simple, but really marvellous. Cases almost comatose seem to respond at once, and the deaths among those treated have been only one per cent.

The need of after care was soon demonstrated, and to avoid carrying the children back and forth. An appeal soon brought the offer of an adjacent building with large lofts, and here were found about forty little ones. Some

have to be taken to the clinic several times a day. The mothers are allowed to remain with them, and thus receive training in their proper feeding.

Dr. Quinton puts much emphasis on the use of water—a bottle of pure water, unsweetened, between each two bottles of milk. In some cases rice water is prescribed.

The Isotonic Plasma is not prepared in London. It is taken from the Bay of Biscay, several miles from shore, and is mixed with pure distilled water, and bottled by a company that ships it to London from Paris.

Dr. E. Petree Hoyle, the enthusiastic secretary of the London Polyclinic, related some experiences of the treatment of eczema and other skin diseases, but their main efforts at present are confined to the babies under two years of age.

ANNIE DAMER.

London.

[From the pamphlets sent by Miss Damer with her letter we quote Dr. Quinton's theory.—Ed.]

"After establishing the fact that the first occurrence of animal life was in the sea and not on land, Quinton showed that the primordial oceans contained .8 per cent. of dissolved inorganic matter. That is, the fluid medium, in which the earliest organisms lived and moved and had their being, which provided nutriment and environment for them, was of this degree of concentration.

"Elementary physiology teaches that the cells of which all bodies are composed are bathed in a fluid medium which is derived from the blood vessels. This fluid medium, which nourishes all the cells of the body, has also a saline concentration of .8 per cent. That is, the concentration of the fluid in which primordial organisms flourished, is identical with that which bathes the cellular structures of nineteenth century organisms.

"So much for concentration; now for composition. We investigate the other end of the chain of life—the chemical composition of present-day living beings, and of present-day marine fluid as we find it in uncontaminated sea-water. The parallel continues to work out: for the same chemical elements, in character and number, which constitute the structure of animals, are also those which, item for item, are found in sea-water as we know it. The difference between old-time and present-day sea-water is in its concentration; and this will be referred to later.

"Such generalizations as these could not fail to have important therapeutic deductions. If the complex solution of a certain saline concentration known as the sea-water of primordial times exercised a favorable influence upon cell-life then, why not similar fluid of a similar saline concentration now? The question was put to the test: the results came out exactly as expected. Uncontaminated sea-water, made 'isotonic' with the circulating fluid in man, has a potent, far-reaching and highly beneficial influence on the human body in many forms of disease."]

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

REPORT OF ISABEL HAMPTON ROBB EDUCATIONAL FUND TO OCTOBER 14, 1911

Previously acknowledged	\$7253.60
Pupils of Allegheny General Hospital School for Nurses.....	\$30.00
Helen Scott Hay, Sup't of Nurses, Illinois Training School, Chicago	25.00
Class of 1912, Illinois Training School. Through Mrs. E. Painter.	1.50
Margaret Johnstone, graduate St. Luke's Hospital Training School, Chicago	5.00
Michael Reese Nurses' Alumnae Association, Chicago.....	52.50
Wisconsin Association of Graduate Nurses	50.00
Boston City Hospital Nurses' Alumnae Association	25.00
Essex County Nurses' Association, Salem, Massachusetts	25.00
	<hr/> 214.00
	<hr/> \$7467.60

All contributions should be sent to Miss M. M. Riddle, Newton Hospital, Newton Lower Falls, Massachusetts, and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago.

MARY M. RIDDLE,
For the Chairman.

REPORT OF JOURNAL PURCHASE FUND TO OCTOBER 15, 1911

Previously acknowledged	\$201.00
Dane County Graduate Nurses' Association, Madison, Wis.....	25.00
Massachusetts State Nurses' Association	100.00
Wilkes-Barre City Hospital Alumnae Association, Pa.	5.00
	<hr/> \$331.00

DISBURSEMENTS

Three shares stock purchased from Illinois Training School Alumnae Association, Chicago	300.00
	<hr/>
Balance October 15, 1911	\$31.00

M. LOUISE TWISS, R.N., Treasurer,
419 W. 144th Street, New York City.

Ow
pria
Red
nurse
for
man
Navy
provi
the im
reappoi
The
of Aug
Ap
Alice
Brocke
Cincin
Hafer,
Hospit
Pa.; A
ingale
McClo
Hospit
City;
Bellev
Philad
Hulda
nati
pital,
K
Edith
Rober
King
Army
A
Fran
at th
Gene
Hess
D. I
Gene
Lun
and

ARMY NURSE CORPS

OWING to the increasing demand for nurses in the military hospitals an appropriation for twenty-five additional nurses has been made. The service of the Red Cross nurses assigned to Fort Sam Houston, under the supervision of a chief nurse of the Army Nurse Corps, proved so satisfactory that a request was made for nurses to be retained at the Base Hospital, even after the removal of the manœuvre troops. Nurses have also recently been assigned to the Army and Navy General Hospital, Hot Springs, Ark., and additional nurses are being provided for the Walter Reed General Hospital, Washington, D. C. Owing to the improved conditions of the service we are receiving many applications for reappointment.

The following are the changes in the Army Nurse Corps during the months of August and September:

Appointments: Florence M. Bailly, Newark City Hospital, Newark, N. J.; Alice Gertrude Beck, Pennsylvania Hospital, Philadelphia, Pa.; D. May Berry, Brockton Hospital, Brockton, Mass.; Agnes M. Burns, Cincinnati Hospital, Cincinnati, O.; Rachel Foreman, Reading Hospital, Reading, Pa.; Annetta B. Hafer, St. Joseph's Hospital, Reading, Pa.; Emily S. Hess, Wesson Memorial Hospital, Springfield, Mass.; Margaret Hughes, Episcopal Hospital, Philadelphia, Pa.; Antoinette Jaycox, Bellevue Hospital, New York City; Jeanie Leeson, Nightingale Training School, St. Thomas Hospital, London, England; Margaret M. McCloskey, Long Island Hospital, Boston, Mass.; Jane Louise Murphy, Union Hospital, Fall River, Mass.; L. Elizabeth Nelson, Bellevue Hospital, New York City; Marian B. Nuckels, Wesley Hospital, Chicago, Ill.; Charlotte G. Schultze, Bellevue Hospital, New York City; Paquita Soler, Medico-Chirurgical Hospital, Philadelphia, Pa.; Mary L. Stakelum, Worcester City Hospital, Worcester, Mass.; Hulda Svenson, German Hospital, New York City; and Bertha Varian, Cincinnati Hospital, Cincinnati, O., assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C.

Edyth M. Gill, Maria Beard Deaconess Hospital, Spokane, Wash.; Mrs. Amy Edith Miller, Wyoming General Hospital, Rock Springs, Wyo.; Martha A. Roberts, Minneapolis City Hospital, Minneapolis, Minn.; and Marion F. Scherter, Kings County Hospital, Flatbush, Brooklyn, N. Y., assigned to duty at the Army General Hospital, San Francisco, California.

Reappointments: Ethel M. Baker, Illinois Training School, Chicago, and Frances M. Steele, Maryland General Hospital, Baltimore, Md., assigned to duty at the Army General Hospital, Fort Bayard, New Mexico.

Transfers: From the Walter Reed Hospital, Takoma Park, D. C., to Army General Hospital, San Francisco, Cal.: D. May Berry, Agnes M. Burns, Emily S. Hess, Margaret Hughes, Antoinette Jaycox, L. Elizabeth Nelson and Elizabeth D. Reid. On August 5 Miss Reid was appointed as chief nurse at the Army General Hospital, San Francisco.

From Fort Bayard, New Mexico, to San Francisco, Cal.: Margarette S. Lundy.

From San Francisco to Hot Springs, Ark.: Margaret M. McCloskey.

From Hot Springs, Ark., to Fort Bayard, New Mexico: Beatrice L. Hirtle and Annie May Pellett.

From San Francisco to the Philippines Division on August 5, 1911: Dora E.

Thompson, to be appointed chief nurse at the Division Hospital, Manila; Jeanette E. Allen, Victoria A. Armstrong, Leonora Bricker, Clara M. Ervin, Gertrude H. Lustig, Etta E. Staub, and Clara B. White.

From San Francisco to the Philippines Division on September 5, 1911: Clara E. Ellwanger, Elizabeth J. Kenny, Cora Miller, and Matilda Romeo.

Discharges: From San Francisco: Louise C. Boldt, L. Leota Curry, Myra E. Hummel, Mary McEntee, Emma Rothfuss, and Margaret L. Todd.

From Fort Bayard: Maude B. Kee and Nora C. Gallagher.

From Hot Springs: Lyda M. Keener.

From the Philippines Division: Dollie Ann Bowzer and Paula E. Nordhoff.

JANE A. DELANO, R.N.,

Superintendent, Army Nurse Corps.

CHANGES IN THE NAVY NURSE CORPS

Appointments: Blanche Brown, Good Samaritan Hospital Training School, Lexington, Ky.; Lila Fair, Sydenham Hospital, New York; post-graduate Bellevue and Allied Hospitals, New York; Nell McCarthy, Lake View Hospital Training School, Canville, Ill.; Charlotte M. Page, Hartford Hospital Training School, Hartford, Conn., Assistant Superintendent University Hospital, Charlottesville, Va.; Minnie D. Stith, Columbia and Children's Hospital, Washington, D. C.; Lura B. Stone, Hackensack Hospital Training School, Hackensack, N. J., Assistant Superintendent Rome Hospital, New York; Mary E. Walsh, Friends' Hospital Training School, Philadelphia, Pa., post-graduate Polyclinic Hospital, New York; Gertrude Snyder, Hudson City Hospital, Hudson, N. Y., post-graduate work Presbyterian Hospital, New York City.

Transfers: Elsie N. Kohler, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, New York, N. Y.; Margaret Sietz, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va.; Ethel R. Swan, from U. S. Naval Hospital, Washington, D. C., to U. S. Naval Hospital, Mare Island, Cal.; Elsie T. Patterson, from U. S. Naval Hospital, Norfolk, Va., to U. S. Naval Hospital, Mare Island, Cal.

Honorable Discharge: Elizabeth J. Wells, Garfield Memorial Hospital, Washington, D. C., honorably discharged after three years' service; Thomasina B. Small, Johns Hopkins Hospital, Baltimore, Md., honorably discharged after three years' service.

LENAH S. HIGBEE, M.L.A., R.N.,

Sup't U. S. N. Nurse Corps.

MASSACHUSETTS

THE MASSACHUSETTS BOARD OF REGISTRATION FOR NURSES held its first examination on October 10, when 102 nurses came up for it, a good number, when it is considered that nearly 6000 were registered before April without examination.

Boston.—THE SUFFOLK COUNTY BRANCH OF THE MASSACHUSETTS STATE NURSES' ASSOCIATION, at a meeting held September 28, took a unanimous vote to start a central directory for nurses. Directories have grown and multiplied in Boston until prominent men in the medical profession complain that a great deal of time is wasted in sending to the various ones before they are able to

obtain a nurse. The committee for making arrangements for starting the directory has as members M. E. P. Davis, R.N., chairman; Emma A. Nichols, R.N.; Sara E. Parsons, R.N.; Mary V. O'Reilly, R.N.; Susan E. Bratty, R.N.

THE BOSTON NURSES' CLUB has removed to 839 Boylston Street, where there is accommodation for fifty-three resident nurses as well as larger club rooms. The club will have a fair on November 1 and 2 for the benefit of its furnishing fund.

THE QUARTERLY RECORD of the Massachusetts General Hospital gives an outline of its administrative course for nurses and states that hereafter it will be open to graduates of other schools. Only two students are taken at a time, and they must be well-equipped, physically and mentally, with an intention to enter administrative work.

ANNIE H. SMITH, graduate of the Massachusetts General Hospital, has given up her position with the Sampson-Soch Company and will go abroad for a year. She is succeeded by Christena Cook. Hannah McEwan, class of 1911, has taken up district nursing in Quincy. Jessie L. Clark, class of 1910, has accepted the position of superintendent of the training school at the Burbank Hospital, Fitchburg. Rachel Bourke, class of 1888, is superintendent of the Grant Hospital, Columbus, Ohio. Imogene Slade has returned to the Massachusetts General to take charge of the Thayer Building. Miss McGeorge and Miss Fay, class of 1911, have taken positions in Dr. Codman's Hospital. Helen I. Stockton is head nurse at the Beverly Hospital. Gladys Farrar has accepted the position of anaesthetist under Dr. F. T. Murphy in St. Louis; she is succeeded at the hospital by Miss Griffith. During the winter Susan E. Tracey will give lectures to the nurses in the out-patient amphitheatre on Occupations for Invalids. The dates are November 4, December 2, and January 6, all at 7.30 P.M. Outside nurses are invited to attend.

CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its quarterly meeting at the Nurses' Residence, Hartford Hospital, September 6. In the absence of the president and secretary, Alice H. McCormac, 2nd vice-president, presided, and Minnie E. Hollis was appointed secretary *pro tem*. Martha J. Wilkinson, delegate to the American Nurses' Association convention, gave an interesting report of the meetings. As chairman of the Red Cross Committee, Miss Wilkinson also reported the work of organizing the nursing service in the state. Local committees are being appointed in several cities. Following the business meeting there was an instructive demonstration by Lauder Sutherland, principal of the training school, assisted by head nurses and pupils. The programme was as follows: Preparing Hypodermic; Making Poultice; Irrigating Ear with Dr. Fowler's Suction Bell Douche; Bathing a Baby; Exhibition of the Gleason Apparatus for Rectal Irrigation; Hot Application to Eyes; Cupping; Exhibit of Charting done by Probationers; Combination Dressing; Hot-Air Bath with Home-Made Electric Apparatus; Electric Apparatus for Applying Heat to Joints, etc.; Pupil Nurses' Records; Linen Records; System of Equipment Trays on Wards.

Visitors were invited to inspect the Hartford Hospital, and the new annex to the Nurses' Residence, where refreshments were served.

HARTFORD HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting at Centre

Church House on October 12, Miss Russell presiding. The reports of the recording secretary and treasurer were read and accepted. A letter from Helen Drisco, of Salem, was read with interest. Alice McCormac, one of the delegates to the American Nurses' Association, read her report on the revised constitution. Two names were proposed for membership. Miss McGarry invited the association to hold its January meeting at the Charter Oak private hospital, which invitation was accepted. Miss Russell then thanked the members for their co-operation in the work during the past year. The following officers were elected: President, Hannah L. Russell; vice-presidents, Alice McCormac, Grace Emery; recording secretary, Harriet Waterman; corresponding secretary, Sara Carroll, 52 Bassett Street, New Britain; treasurer, Emma B. Richards. The following were appointed chairmen of committees: Programme, Sarah Harrison; Entertainment, Mrs. Burton Hills; Membership, Mrs. Eva Edwards. There were twenty-two members present. The meeting adjourned to convene in November.

NEW YORK

SIXTEENTH NURSES' EXAMINATION, JUNE 27-29, 1911

(Under each heading ten questions were selected by the candidate to be answered. Each complete answer received ten credits. Papers entitled to 75 or more credits were accepted.)

ANATOMY AND PHYSIOLOGY

1. How does muscular tissue act under stimulation? 2. What muscle flexes the forearm on the arm? 3. What are the opposite ends of a muscle called? 4. What are synovial bursæ and what purpose do they serve? 5. Describe the appearance of the flow of blood when (a) a large artery is severed, (b) a large vein is severed. 6. Mention *two* important purposes that the lymph-nodes serve. 7. What are the four divisions of the respiratory apparatus? 8. What is the gall-ladder and what purpose does it serve? 9. What is the function of enzymes? 10. What is the chief work of the colon? 11. Mention the chief waste product of (a) the lungs, (b) the skin, (c) the kidneys. 12. To what is a rise of temperature due? 13. Define (a) hypertrophy, (b) dyspnœa, (c) diathesis. 14. Mention *three* varieties of joints and give an example of each. 15. What is tissue?

MEDICAL NURSING AND NURSING OF CHILDREN

1. Mention *three* characteristic points in the appearance of a child suffering from pneumonia. 2. Define marasmus. Give *two* points to be observed in nursing a case of marasmus. 3. What is certified milk? 4. Mention a startling symptom that may appear in a child after improper feeding and give the most important point in the immediate nursing care of the child when such symptom appears. 5. Give a simple formula for modified milk for a child six months old. 6. Who should be quarantined in a house in which there is a case of measles? 7. Arrange the following in order of contagion: diphtheria, erysipelas, scarlet fever, measles. 8. Mention *two* non-medicinal methods for the reduction of fever. 9. Give *three* terms employed to indicate the character of a cough. 10. Mention a disease of the scalp often found in school children and give a simple

home re
of the
(b) lin
checking
irritant
Name
nosis of

1.
tomy?
cystiti
hemorr
Give s
urine?
infecti
of uric
is the

1.
3. Ho
soluti
of str
Seidl
mix s
stock
how
9. Ho
and c
a chi
is th
easily
simpl

2. B
obste
bran
hemo
coun
answ
days
care

home remedy for its cure. 11. Give the general rule for the disinfection of each of the following in the care of infectious diseases: (a) discharges and excreta, (b) linen, (c) utensils, (d) the nurse's hands. 12. Give a simple method of checking nocturnal incontinence of urine in a child. 13. How do counter-irritants relieve inflammation? 14. What is Cheyne-Stokes respiration? 15. Name the particular form of excreta that bears an important part in the diagnosis of (a) pneumonia, (b) typhoid fever, (c) nephritis.

GENITO-URINARY NURSING

(For Male Nurses)

1. Is the normal reaction of urine acid or alkaline? 2. What is prostatectomy? 3. Give the after care of a case of phimosis. 4. Describe irrigation in cystitis. 5. What emergency care could the nurse give a case of hemorrhoidal hemorrhage? 6. What symptoms would lead the nurse to suspect hernia? 7. Give some results of carelessness in catheterization. 8. What is incontinence of urine? 9. Define hydrocele. 10. What symptoms characterize a gonorrhœal infection? 11. What is the difference between retention of urine and suppression of urine? 12. Define orchitis. 13. What is the lithotomy position? 14. What is the vas deferens? 15. How could the nurse relieve the pain of prolapsed anus?

MATERIA MEDICA

1. Define anæsthetic, anodyne. 2. Name (a) an anæsthetic, (b) an anodyne. 3. How many grains of any drug will be required to make 1 oz. of a 1 per cent. solution? 4. How many c.c. are there in 1 pint? 5. What are the symptoms of strychnine poisoning? 6. What is contained in (a) the blue paper of a Seidlitz powder, (b) the white paper of a Seidlitz powder? 7. How would you mix a Seidlitz powder and administer it to a bed patient? 8. If you have a stock of salt solution marked "4 drams to 1 pint makes a normal solution" how much will you require of the same to make 4 oz. normal salt solution? 9. How may an adult dose of castor oil be prepared so as to disguise the taste and odor? 10. What is the average dose of castor oil for (a) an adult, (b) a child? 11. Which is the stronger, a tincture or a fluidextract? 12. What is the first aid treatment in carbolic acid poisoning? 13. Name *two* emetics easily procurable in any household. 14. What is an antidote? 15. Name *three* simple laxatives.

OBSTETRIC NURSING

(For Female Nurses)

1. Make a list of articles absolutely necessary for use in an obstetric case. 2. By what would you be guided in the choice of the room to be used for an obstetric case in a private house? 3. During what stage of labor do the membranes rupture? 4. Describe the immediate nursing care of a post-partum hemorrhage if the doctor is expected in a few moments. 5. If you were in the country, with the doctor miles away, how would you vary the care described in answer to question 4? 6. How often during the 24 hours should an infant four days old be fed? 7. What is "top milk"? 8. How should soiled napkins be cared for in a private house? 9. How should soiled dressings be cared for in a

private house? 10. Describe the procedure in giving a colonic flushing to an infant. 11. What antiseptic solutions should be provided for use in the care of the mother and the new-born infant? Mention the strength of each solution. 12. Mention articles that should be arranged on a breast tray. 13. How would you prepare for the aseptic handling of breast tray articles? 14. What diet is best suited to a lying-in patient during the first two weeks? 15. Give the approximate length of time that a normal obstetric patient should remain in bed.

DIET COOKING

1. State the uses of food. 2. What processes are necessary to make food of use to the body? 3. What is the object of the digestion of food? 4. What food principles require digestion? 5. Name *two* vegetables containing a good proportion of proteid. 6. Name *two* vegetables containing a large proportion of carbohydrate. 7. Name *two* vegetables containing a large amount of salts. 8. Why are fruits a valuable addition to a general diet? 9. What food principle predominates in nuts? 10. Why are meats restricted or forbidden in cases of nephritis? 11. Why are carbohydrates restricted in cases of diabetes? 12. Why is a salt-free diet often ordered in illness when there is oedema? 13. Why are meats more digestible when broiled or roasted than when fried? 14. Give the method of making chicken broth. 15. Mention *two* ways of removing fat from a soup.

BACTERIOLOGY AND SURGERY

1. Tell how to sterilize rubber tubing for drainage. 2. State the reason for examining the patient's urine (a) before an operation, (b) after an operation. 3. Where should pressure be made to control arterial bleeding from the leg below the knee? 4. Tell how to sterilize gauze dressings with steam under pressure. 5. Give *four* points to be remembered in applying a roller bandage. 6. Give *two* precautions necessary to keep dressings sterile during an operation. 7. Why is a sitting (Fowler's) position sometimes ordered after an abdominal operation? 8. Give under the following headings the preparation of the patient for abdominal section: (a) bath, (b) catharsis, (c) diet. 9. Define asepsis, antiseptic, disinfectant, sterilization. 10. Give nursing emergency care of an injured ankle when there is no wound. 11. Mention *two* nursing measures that are taken to prevent heart failure after a major operation. 12. Describe concisely the knitting of a broken bone. 13. How should utensils, such as pitchers and hand basins, be cared for after an operation? 14. Why is it of special importance that the bladder be emptied before abdominal section? 15. Mention *two* great discomforts that the patient is likely to experience in the first 24 hours after an abdominal operation.

New York.—REPORT OF THE CENTRAL REGISTRY. The opening of the central registry in the autumn of 1910 was announced to the physicians in New York by sending them a circular letter and this was followed a few weeks later by a printed card, which gave, in addition to the address and telephone number, a list of the Registry Advisory Board and the affiliated associations. An advertisement was inserted in the AMERICAN JOURNAL OF NURSING and also in the Medical Directory of New York, New Jersey, and Connecticut. Occasional calls were received, but the demand for nurses was not at any time great before the

end of N
of the
adding
no mean
ment fo
of regis
to tell
tered.
Sample
subscrip
ance of
graduat
about
amount

Th
regular
second
October
of exis
associat
profess
and th
is hop
increas

T
under
etc., p
who h
years
account
ment
Mary
gave
work
guests
she w
MacL
at W
school
in Ch
Allia
Chine
Chine
their
also
charg

end of November. Our members increased and inquiries came to us from all parts of the country. In summing up the work of the year, it is found that merely adding members to the registry and sending out nurses to the public is by no means the whole duty of a central registry. As state registration is a requirement for membership, it has been necessary to set forth the many advantages of registration for all graduate nurses. In many instances it has been necessary to tell a graduate what steps she should take to have her training school registered. The importance of membership in the *alumnæ* association has been urged. Sample copies of the *AMERICAN JOURNAL OF NURSING* have been distributed and subscription blanks for the *JOURNAL* have been enclosed in all letters of acceptance of applicants. One-seventh of the calls received during the year were for graduates to take positions in institutions, in district or social work. Only about one-third of these could be filled. The calls for non-graduate nurses amounted to one-fifth of those for graduate nurses.

PAULINE L. DOLLIVER, R.N.,
Registrar.

THE ASSOCIATION OF GRADUATE NURSES OF MANHATTAN AND BRONX will hold regular meetings at the Central Club for Nurses, 54 East 34th Street, on the second Monday of each month, at 4.30 P.M. The first meeting was held on October 9. This association was formed April 7, 1902, this being its tenth year of existence and of work. During this time it has co-operated with the *alumnæ* associations of the schools for nurses of the city in promoting and forwarding professional movements, is a component part of the county and state associations, and through these last is also included in the American Nurses' Association. It is hoped that in its tenth year its activity and usefulness may be greatly increased.

THE CENTRAL CLUB FOR NURSES, 54 East 34th Street, has a fire burning under the samovar every afternoon from three to five, the tea equipment, cakes, etc., placed conveniently so that members may help themselves. Among those who have addressed the members this season are Miss Losa, who was for two years a missionary district nurse in Santa Cruz, Danish West Indies. Her account of the work was very interesting, including a description of the treatment of some diseases not commonly met with, such as leprosy and elephantiasis. Mary B. Hill, who was for twelve years Y. W. C. A. secretary at Lahore, India, gave a talk upon the condition of women in India. Jane Klink, who is welfare worker in a large laundry, gave an interesting account of her work. Among the guests have been Alice A. Gorman, en route for Warm Springs, Montana, where she will have charge of the men's division of the Hospital for the Insane; Jean MacDougall of the Royal Infirmary, Glasgow; Miss Chung, who is fitting herself at Wellesley for teaching in China; and Miss Chang, who is at the training school of the Y. W. C. A. fitting herself for social work among her own people in China. Both of these young women are members of the Chinese Students' Alliance, numbering about 600, and organized to promote the interests of Chinese students in America, a branch of this work being welfare work among Chinese laundrymen. The members keep in touch with the Alliance even after their return to China. Lillian Holmes of the Hahnemann Hospital School has also been at the club preparing for her new post in China, where she will have charge of a hospital under Methodist auspices.

THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION held a meeting October 3 at the Central Club. The principal business was the ratification of delegates to the state meeting, after which Miss McIsaac, interstate secretary, gave a very interesting talk, dwelling upon the necessity of each nurse feeling responsibility for the JOURNAL, and as a consequence, for the Relief Fund.

THE AMERICAN HOSPITAL ASSOCIATION, at the exhibit held in connection with its annual meeting in September, had a group marked thus: "Shown in the class-room of the Hartford Hospital Training School, as examples of 'what not to do.'" This little collection, occupying only a corner of one table, constituted a very speaking object lesson. Each card of the fourteen exhibits had attached to it a portion of the material or object ruined by that particular bit of carelessness, thoughtlessness, or extravagance. The exhibits showed: (1) the effect of oil on rubber; (2) the result of boiling specially-bent hard-rubber articles; (3) result of putting away rubber tubing with the clamp closed; (4) result of an electric drop-light coming in contact with a mirror (breakage); (5) consequence of using a towel to wipe up tincture of iron; (6) result of placing an unwrapped hot-water bag upon a glass-top table (breakage); (7) result of keeping too much rubber tubing on hand (deterioration); (8) result of leaving an electric lamp, 16 candle-power, with shade, on a bed for half an hour; (9) consequence of placing a coffee pot directly over a gas flame; (10) result of splashing a nurse's gown with Labarque's solution; (11) result of steam sterilization on a celluloid comb; (12) result of boiling flannel and rinsing it in cold water; (13) result of placing wet soap on a polished surface; (14) demonstration of the destruction of soap and Bon Ami by allowing them to remain in water for a half-hour. There was also a demonstration of the use of adhesive strips for dressings, as economical.

The miniature tent pavilion, a reproduction of that in use for the children at the Massachusetts General Hospital, was most instructive for those desiring a model equipment for such a ward. The New England Baptist Hospital also had a well-equipped tent ward. The Mt. Sinai Hospital of New York had on view its very complete stand for subcutaneous and intravenous infusions, one of which is placed in each corridor of the hospital. (This stand was described in detail in the JOURNAL for December, 1909.) Mt. Sinai had also an exhibition of a "leaning stand" for cardiac cases. This is made high enough for its top to afford a rest for the hands, and is constructed with a lower shelf which serves as a resting place for the feet, as the patient sits on the side of his bed; a pillow on the top makes it more comfortable for the arms and hands. The Presbyterian Hospital had on view some good models of stands and tables, also conical-shaped shock blocks, the diameter of the base being about six inches, and the top hollowed out to admit the insertion of the leg of a bed. A conical-shaped block, with a base of about four inches, served as a key stand, screw hooks being inserted at regular intervals about the cone, and the keys hung on them. This is placed on the head nurse's table, and the absence of a key is readily noticed. There was also a latticed iron railing used to segregate little patients in the children's ward, who need quiet, from the more active ones, or it may be placed across the ward to keep the children on one side while the other is being cleaned. For use about a bed this screen is made in three sections, the leaves being riveted together, but extra sections may be easily attached by means of hinges with pins

on the upper and lower ends. This hospital had also a tilting table, with a cog rack for regulating its height, to be used in examination of children. A large crib bed to be used for adult typhoids was a good suggestion. A quilted oblong pad of cotton flannel, with four tapes for tying on the two door knobs, made an economical washable "husher" for use in one hospital. Susan E. Tracy's exhibit of "Occupations for Invalids" was one of the educational features of the convention.

THE ST. LUKE'S *Bulletin* for October announces that through the generosity of a friend the endowed room fund has been increased by \$900. It is hoped that the fund may be completed at the annual meeting. Miss R. B. Toupet, who has been at the Nurses' Settlement, has taken up rural district nursing in Great Barrington, Mass. Miss Burgess, a graduate of Roosevelt Training School, and of the Hospital Economics Course, has accepted the position of instructor in the training school.

THE NEW YORK CITY TRAINING SCHOOL ALUMNÆ ASSOCIATION gave its annual dance to the members of the graduating class on the evening of October 6 at the Nurses' Home.

THE NEW YORK CITY TRAINING SCHOOL FOR NURSES, Blackwell's Island, connected with the City, Maternity and Gouverneur hospitals, held its thirty-sixth annual commencement at the Nurses' Home on October 26, with forty-two graduates and ten post-graduates. Michael J. Drummond, Commissioner of Public Charities, presided. The annual report of the school was given by Jane M. Pindell, superintendent. Addresses to the class were made by Rev. Leighton Parks, D.D., H. Seymour Houghton, M.D., and Dudley Field Malone. Mrs. Cadwalader Jones administered the Hippocratic Oath and presented the diplomas; the Commissioner presented the prizes. A reception and dancing followed in Brennan Hall.

THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS and the New York Association of Biology Teachers held a joint meeting at the New York Academy of Medicine on the evening of October 12 to discuss the Teaching of Sex in Schools and Colleges. Dr. Prince A. Morrow presided. Dr. G. Stanley Hall presented the leading paper, and advocated the teaching of sex problems as plainly, directly and compactly as the matter could be put, and made a strong plea for the appointment of a committee of experts to formulate manners and methods of instruction, such committee to be composed of experts in psychology, biology, physiology, zoölogy, and persons experienced in secular and religious teaching. Prof. M. A. Bigelow of Teachers' College demonstrated that laboratory and book study of plants and animal life could alone give the elementary and advanced pupils the proper mental attitude needed and recommended that the course be taken as follows: biology, botany, human physiology, zoölogy, embryology. Rev. Josiah Strong, of the American Institute of Social Science, dwelt on the "conspiracy of silence" on the part of parents, the churches, and the press, and said the insane hospitals were peopled with the victims of ignorance. He said his society had sent out 2000 letters to towns and cities in every state, asking for data from teachers, especially, and that the replies indicated a crying need for work to be done. The replies also indicated the need of instruction for teachers as well as pupils. Miss Abbie Sage, of the Washington Irving High

School, thought sex instruction should be taken up in the public schools, men instructing the boys; and women, the girls. She had talked plainly to her girls, and 75 per cent. of them had come to her with questions they might have asked their mothers. She thought the colleges and normal schools should train teachers especially for this purpose as all are not fitted to undertake it. Dr. Wile, during the discussion, made a plea for the teaching of mothers, and Dr. Rosalie Morton for the teaching of health physiology generally.

Brooklyn.—THE KINGS COUNTY NURSES' ASSOCIATION met for the first time since reorganization on October 3 in Kings County Medical Building, with a good number of members present, and delegates from the German, St. Mary's, Methodist Episcopal, and Kings County Hospital alumnae associations. The Brooklyn Alumnae Association was not represented, but Miss Dewey was unanimously indorsed for first vice-president on the state ticket. Two new members were received. Four delegates were elected to carry the county's votes to the state meeting in Albany. Now that the County Association will have four meetings a year—the annual being the first Tuesday in February, and the regular, the first Tuesdays in October, December and May—it is earnestly desired that each alumnae association affiliated appoint its delegates to serve for a full year. If the recording secretary of the County Association had the names of these delegates, notices of the meetings could be sent to them.

Utica.—THE FANTON HOSPITAL ALUMNAE ASSOCIATION held a meeting on October 2, at which Miss McIsaac, interstate secretary, gave a most interesting talk on Private Duty Nursing.

Rochester.—HAHNEMANN HOSPITAL is to have a new nurses' home in the near future. The plans call for a three-story brick building, which will accommodate fifty nurses, each having a separate bed-room, with reception and recreation rooms, an abundance of closets, bath-rooms, and all the accessories of a convenient and well-appointed nurses' home.

NEW JERSEY

Paterson.—THE PATERSON GENERAL HOSPITAL ALUMNAE ASSOCIATION held its regular meeting in the parlor of the Sarah Amelia Quackenbush Memorial Home on October 3. Seventeen members responded to the roll call. Two nurses were admitted to membership. Two sick benefit claims were approved. It was decided to contribute the sum of \$25 toward furnishing the necessary equipments in the dining room in the new home, which is used by the nurses for their social affairs only. Each member was asked to contribute fifty cents toward procuring linen for the children's ward which will be given the hospital on the regular Guild Day, as a memorial to Miss Josephine Osborne, who worked so faithfully for the little ones while with us. Mrs. O'Neill assumes the responsibility of the work, asking that, as far as possible, the nurses aid in the making of the garments. Through the courtesy of the superintendent of nurses the association now has a closet at the Home for the safe keeping of its supplies. The secretary was instructed to fill out application blank for organization membership in the New Jersey State Nurses' Association. It was suggested that we consider the Isabel Hampton Robb Memorial, and inform ourselves as to the Nurses' Relief Fund. It was a pleasant and profitable meeting.

PENNSYLVANIA

THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES has registered 446 nurses since its last report. In order that all nurses may have an opportunity to register without examination, the Board especially desires to call attention to the fact that on and after June 1, 1912, a nurse, in order to obtain the "R.N." degree, will have to take the examination.

Philadelphia.—THE HAHNEMANN HOSPITAL NURSES' ALUMNÆ ASSOCIATION decided, at its October meeting, to have copies made of a photograph of Florence Nightingale, with the Nightingale Pledge printed underneath, one to be given to each graduate of the hospital as she joins the alumnae association.

REPRESENTATIVES FROM THE ALUMNÆ ASSOCIATIONS of the Episcopal, Jefferson, Medico-Chirurgical, Philadelphia, Pennsylvania, Presbyterian, and University hospitals answered the call to the meeting, October 12, to nominate officers and directors for the American Nurses' Association. Fourteen alumnae associations in the city are affiliated. The German came in this year through the good work done there by Ida F. Giles.

THE PHILADELPHIA CLUB FOR GRADUATE NURSES is entering upon what promises to be a very successful winter. The house accommodates twenty-six nurses, and many applicants must be turned away. A nurse need not be a member of the club to secure a room, but the rule is that later she is to join. Thirty-eight new members have been received during the past year. The registry is becoming better known and is very satisfactory to both doctors and nurses. The annual bazaar will be held on November 28 and 29, part of the proceeds to be given to the relief fund started by the club last winter, and part used for enlarging the work of the club. Nurses visiting the city are invited to the club, where they will receive a warm welcome from the efficient superintendent and registrar, Mary Walters, and from any members who are present.

THE VISITING NURSE SOCIETY, which has been temporarily occupying quarters at 812 Pine Street, has opened its new home at 1340 Lombard Street, which is commodious and equipped with every facility for carrying on the work of outdoor nursing. It is built in the colonial style with pillars at the main entrance. The interior is planned for the comfort of the nurses, each having her own room, heated by hot water, and lighted by electricity. There are hard-wood floors throughout, with wood work to correspond. The first floor is devoted to reception rooms and dining hall. On the second floor is a large assembly room which will be used for the meetings of the trustees and managers, for entertainments for the nurses, and for their general living room in the evening. There are rooms for twenty nurses, fifteen now occupied.

RACE STREET PIER, under the direction of the Department of Public Health and Charities, was opened for the care of sick babies this year from June 15 to September 15, with thirty-five beds, a physician on duty all day, dispensary service, six nurses and one maid. About a thousand babies were cared for. Miss Armstrong and Mrs. Strickler were in charge.

THE UNIVERSITY OF PENNSYLVANIA HOSPITAL ALUMNÆ ASSOCIATION held its first meeting on October 2, fifteen members being present, who unanimously and with much enthusiasm decided that each should contribute one day's salary to the fund for the care of sick nurses.

Bradford.—EMMA C. LINDBERG, R.N., resigned the position of night superin-

tendent at the Bradford Hospital in June, spent the summer abroad with relatives, and now expects to take up private nursing.

Pittsburgh.—THE SUMMER WORK FOR BABIES BY THE PITTSBURGH DEPARTMENT OF HEALTH was brought to a close October 1. The ten graduate nurses appointed in June each had charge of a milk station where certified milk was distributed in districts where it is almost impossible to obtain good milk. Ten of the medical school inspectors were retained during the summer months to prescribe the diet for the babies whose parents were too poor to pay a physician, or where the family physician referred the baby to the station to have the diet supervised. Each station was also provided with an assistant who was not a nurse; her duties were to give out the prescribed amount of milk, assist in weighing the babies, and to assist the nurse in other ways. The nurses spent the mornings at the stations, instructing the mothers who brought their babies; during the afternoons the homes of the babies were visited, and where unsanitary conditions were found the parents were persuaded, if possible, and required by law, if necessary, to make the home livable for the baby. Good results were obtained in training the little girls who for some reason are caring for a baby. The ten nurses have now been transferred from the milk stations to the public schools. This number is wholly inadequate to do the necessary work, but Dr. Burns, the Chief Medical Inspector, hopes by their work to show the need of enough nurses to meet the need of all the schools. The nurses appointed are: Clara A. Ott and Mrs. Mayme Hector, St. John's General Hospital; Mabel Bochart, Passavant Hospital; Nellie McCarthy, Mercy Hospital; Anna G. Reardon, St. Francis Hospital; Viola McPherson, South Side Hospital; Mary E. Chatham, Mrs. Mary E. Lynn, and Isabel Chaytor, Allegheny General Hospital; Freida de Zoehar, German Hospital, Philadelphia. All of these are registered nurses.

THE SEPTEMBER MEETING OF THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNÆ ASSOCIATION, being the first meeting since spring, was well attended; the class of 1911 was admitted to membership. Plans for the coming state meeting were discussed, and a unanimous vote cast to contribute \$100 to the Isabel Hampton Robb Educational Fund. The October meeting, held on the 2nd, was poorly attended, on account of the great demand for nurses. The question of the Relief Fund was discussed, and all present were of the mind that it would be better for each nurse to contribute individually, rather than to give as a body, but there will be further discussion at the November meeting. Isa P. Hanna, graduate of the Allegheny General Hospital, who has held the position of district nurse for the First Presbyterian Church of Pittsburgh, has resigned, and Maude Evans, a graduate of the school, has been appointed to succeed her.

VIRGINIA

Lynchburg.—SARAH L. EARHART, who has been in charge of the Home and Retreat Hospital for the past eight years, has resigned her position as superintendent and is visiting in California.

KENTUCKY

Lexington.—M. R. SHAVER, superintendent of the Good Samaritan Hospital, has returned from a six-months trip to Europe, where she visited a number of foreign hospitals.

Cinc
on the l
following
on Visit
Emrie; S
Private I
Service,
Campbell
Islay Hig
man. M
Elizabeth
ation.

EDIT
at presen

Det
has been

Gran
October
Johnston
the grad
Pledge.
uates. I

Mus
training
nurses.
the class
was adm
City Tr
exercises

THE
meeting
by the p
31. Mir
that the
The cha
use of p
proxies.
much as
decided
tion of n
Ella F.
Julia Fe

OHIO

Cincinnati.—THE GRADUATE NURSES' ASSOCIATION holds meetings at 3 P.M. on the last Monday of each month at the Cincinnati Hospital Library. The following programme was prepared for the year: September, five-minute papers on Visiting Nurses' Association, Abbie Roberts; Anti-Tuberculosis Work, Mary Emrie; School, Ida Kasselberg; Prophylaxis of Blindness, Malinda Mitschke; Private Duty, Minnie Awrey; Summary, Mary H. Greenwood. October, Personal Service, Dr. Boeis Bogen. November, Employment Bureau for Women, Edith Campbell. January, Nurses' Pension Fund, Inez Johnson, Lucille Applegate, Islay Hiscox. February, New Work of Health Department, Dr. Wm. H. Strietman. March, Social Service. April, Election. May, Moral Prophylaxis, Dr. Elizabeth Campbell. June, Reports of Convention of American Nurses' Association.

EDITH P. SNOWDEN, graduate of the Cincinnati Hospital Training School, is at present in charge of the Indian School, Phoenix, Arizona.

MICHIGAN

Detroit.—FRANCES SULLIVAN, graduate of St. Mary's Hospital, class of 1907, has been appointed superintendent of nurses at the City Hospital.

Grand Rapids.—BUTTERWORTH HOSPITAL held graduating exercises early in October at which addresses were given by Governor Osborn and Dr. Collins H. Johnston. In behalf of the board of trustees, Bishop J. N. McCormick presented the graduates with badges. Elizabeth G. Flaws administered the Nightingale Pledge. The diplomas were presented by Dr. P. J. Hutchinson to fourteen graduates. Helen Bell won the first prize, and Ethel Vandenberg the second.

Muskegon.—HACKLEY HOSPITAL held its third annual commencement of the training school on September 15 at the Woman's Club House, for a class of six nurses. Miss Greener gave the report of the training school; the address to the class was by Dr. William A. Campbell; and the modified Hippocratic Oath was administered by Mary S. Gilmour, formerly superintendent of the New York City Training School. Rev. Archibald Hadden presented the diplomas. The exercises were followed by a reception.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held its second annual meeting on October 3 in the Athenæum, Milwaukee. Meeting was called to order by the president, Helen W. Kelly. There were present in person, 33; and by proxy 31. Minutes of last meeting read and approved. Motion made and seconded, that the secretary pass on the good standing of the proxies. Motion carried. The chair announced that a quorum was present to transact business without the use of proxies, and asked what the pleasure of the meeting was regarding these proxies. Thereupon Anna C. Maloney suggested that the proxies be used, inasmuch as the members who appointed proxies would feel more satisfied. It was decided that the proxies be accepted. The meeting proceeded with the nomination of members from the floor, for five directors, the following being nominated: Ella F. McGovern, Mrs. Kate Kohlsaat, Mrs. Maud G. Davis, Emma A. Katz, Julia Feeney, Anna J. Haswell, Sophie Jefferson. Motions on above nominations

were carried. Motion made and carried to close the nomination for directors. While the ballots were being counted, the treasurer, Mrs. Mabel C. Bradshaw, read the following report:

Balance cash on hand October 4, 1910.....	\$602.30
Cash from dues and initiation from October 4, 1910, to October 3, 1911.	902.00
Total	\$1504.30

DISBURSEMENTS

Stationery, printing and stenographic work.....	\$55.91
Postage stamps and incidentals	17.40
Rent of Athenæum	35.00
Refreshments	9.00
Membership in Anti-Tuberculosis Association	25.00
Hampton Robb Memorial Fund Donation	50.00
AMERICAN JOURNAL OF NURSING	206.25
Expenses of Programme Committee	19.50
Expenses of Legislative Committee	68.13
Delegates' expenses to national meeting	79.90
Legal service at Madison	244.76
	820.55
Cash on hand	\$683.75

It was moved by Mrs. Maud G. Davis, and seconded by Miss Anna J. Haswell, that the treasurer's report be accepted. Motion carried. The secretary reported that the association at present consisted of 132 members. Three resigned on leaving the state. Two were claimed by death. Seventeen are delinquent in their dues. Stella S. Mathews, chairman of the Legislative Committee, reported that Dr. C. A. Harper, Secretary State Board of Health, has as yet not appointed a Board of Nurse Examiners; however, he is at present in communication with nurses in the state to assure the eligibility and fitness of appointees. It was moved that the chair appoint a committee to draw up resolutions to express the sympathy of this association in the loss through death of Mrs. Ruth Whittemore Arnett and Miss Clara McDowell, and forward a copy thereof to their respective near relatives. Motion carried. The chair thereupon appointed Miss Mathews chairman of that committee. Anna J. Haswell extended a cordial invitation to the nurses to attend a meeting to be held by the Dane County Nurse Association, November 13, Madison. Miss McIsaac is expected to address the meeting. After a discussion pertaining to the frequency of meetings of the association, Anna J. Haswell made a motion, seconded by Nellie Hanke, that quarterly meetings be held. Motion carried. A special meeting was scheduled for November. Report of the election is as follows: Directors for three years, Emma A. Katz, Mrs. Kate Kohlsaat, Mrs. Maud G. Davis, Ella F. McGovern, Anna J. Haswell. Katherine McGovern announced that she desires to start a nurses' registry in Milwaukee, provided she can get the co-operation of the nurses to make it worth while to her. On motion meeting adjourned.

REGINE WHITE, Secretary.

Imm
ciation of
at 4.30
order. P
Davis, K
Mina Ne
Emma A
read and
president
well; sec
moved by
and secre
Motion o
Maher, t
tary pre
a motion
members.
Committe
out-going
dent; an
adjourne

Wat
visor of
Augusta
Irvine, c
class of
nurse; w
class of
operatin
in the t

St.
annual
were ele
secretary
Dillon,
year; th
number
two exp
Johnson
associati

Chi
the Lyr
obstetric
been ma

Immediately after the adjournment of the general meeting of Wisconsin Association of Graduate Nurses, on October 3, the board of directors held its meeting at 4.30 P.M., in the same place. President Helen W. Kelly called meeting to order. Present: Helen W. Kelly, Mabel C. Bradshaw, Anna J. Haswell, Maud G. Davis, Katherine Maher, Anna C. Maloney, Ella F. McGovern, Stella S. Mathews, Mina Newhouse, Helen Moore and Regine White. Absent: Martha Johnson, Emma A. Katz, Kate Kohlsaas and Mary Pfeffer. Minutes of last meeting were read and approved. The following officers were elected for the ensuing year: president, Mrs. Maud G. Davis; vice-presidents, Ella F. McGovern, Anna J. Haswell; secretary, Mrs. Helen Moore; treasurer, Mrs. Mabel C. Bradshaw. It was moved by Stella S. Mathews, and seconded by Mina Newhouse, that the president and secretary arrange the time and place for the special meeting in November. Motion carried. It was moved by Ella McGovern, and seconded by Katherine Maher, that copies of the constitution be printed. Motion carried. The secretary presented fifteen applications for membership. Katherine Maher made a motion, seconded by Anna C. Maloney, that the applicants be admitted as members. Motion carried. Another application was referred to the Credential Committee. It was moved and seconded that a rising vote of thanks be given the out-going officers: Helen W. Kelly, president; Stella S. Mathews, first vice-president; and Regine White, secretary. Motion unanimously carried. Meeting adjourned.

REGINE WHITE, Secretary.

Wauwatosa.—MARGARET SAENGER has resigned her position as night supervisor of the Milwaukee County Hospital and has returned to her alma mater, Augustana, Chicago, as one of the assistants to the superintendent. Elizabeth Irvine, class of 1910, has been appointed to succeed Miss Saenger. Maud Menzie, class of 1909, Illinois Training School, has resumed her work as a supervising nurse, which she was obliged to give up on account of ill health. Lura Bridge, class of 1903, Trinity Hospital Milwaukee, has been appointed head nurse in the operating rooms. Harriet R. Groff, Chestnut Hill Sanitarium, is head nurse in the tuberculosis annex.

MINNESOTA

St. Paul.—THE RAMSEY COUNTY GRADUATE NURSES' ASSOCIATION held its annual meeting in the Medical Library, September 4. The following officers were elected: president, Abbie Peters; vice-president, Mrs. L. S. B. Robinson; secretary, B. Hazel; treasurer, Lucia Hold; Executive Board, Misses Mallough, Dillon, Wood, Kitzel and Stobel. Eleven meetings have been held during the year; the largest attendance, 30; average, 17; new members, active, 56; total number of members, 198. There were eight marriages during the year, including two ex-presidents: Etta Jamieson to Dr. Robinson, and Anna Mallough to Fred Johnson. These women reside in St. Paul and keep up their interest in the association.

ILLINOIS

Chicago.—MARY JACOBSON, class of 1908, Presbyterian Hospital, and of the Lying-in Hospital of Chicago, has accepted the position of head nurse of the obstetrical department of the Presbyterian Hospital, this position having recently been made vacant by the resignation of Miss Kingsbury, graduate of the Lakeside

Hospital, Cleveland, and the Lying-in of New York. Carrie Gullickson, class of 1911, has returned to the hospital to take charge of a medical floor in the private pavilion. Faith Johnson, class of 1911, has decided to locate in Portland, Ore., where she will do private duty nursing.

THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION held its September meeting on the 7th at Dewey Hall. Miss Wheeler, the president, in her opening address, made the suggestion that the board of managers of the school be asked to give place on the board to an alumnae representative. No definite action was taken. At the October meeting talks were given on Tuberculosis Work, Miss Foley; Infant Welfare, Miss Ahrens; School Work, Mrs. Horigan; Visiting Nursing, Miss Fulmer; Social Service, Miss Lathrop; Mission Field, Mrs. Hart. Miss Gadde, class of 1911, has succeeded Miss Stiles as surgical nurse at the Mary Thompson Hospital. Nellie Morris, class of 1911, has accepted the position as nurse for the Tube Works at Kewanee. Katrina Hertzner, class of 1904, has entered the navy nursing service. Jane McCully, class of 1900, has opened a small sanitarium for advanced tubercular cases in Colorado Springs. Mary B. Talcott, class of 1897, has resigned her position as superintendent of Frances Willard Hospital and accepted that of superintendent of nurses at the Charitable Eye and Ear Infirmary. Harriet St. John, class of 1905, has opened an office for chiropody in Portland, Oregon.

THE LAKE VIEW HOSPITAL ASSOCIATION is erecting a new building, which is beautifully situated on Clarendon Avenue and Gault Place, with an outlook on the Lake. It will be four stories high, with a capacity of sixty beds, and will have a ward for children, two operating rooms, and a room for obstetrical cases. It will be ready for occupancy in May.

THE LAKE VIEW HOSPITAL ALUMNÆ ASSOCIATION held its first meeting for the season on September 27 at the hospital, at which most of the members were present. The members were invited to hold their next meeting at the home of Miss Blomdahl.

INDIANA

THE INDIANA STATE NURSES' ASSOCIATION held its ninth annual convention in the Y.W.C.A. building, Indianapolis, on October 10 and 11. The president, Dr. Maude McConnell, called the meeting to order at 10 A.M. Rev. Mr. Philpott, of the Central Christian Church, invoked a Divine blessing. Dr. W. N. Wishard was to have given the address of welcome, but was called to Tennessee; from there he sent a lettergram of regrets and good wishes. In his absence Dr. G. L. Freeland, superintendent of the City Hospital, gave a cordial greeting, and devoted the entire day to the association. Miss Willis, of South Bend, responded to the welcome. The reports of the secretary and treasurer were read and adopted, and the president gave her address. The Governor of Indiana, Thos. R. Marshall, gave a commendatory talk, and urged the work of prevention. He said the physicians were no more responsible than the nurses for the well-being of the community. The association was most fortunate in having with it Miss Palmer, editor-in-chief of the *AMERICAN JOURNAL OF NURSING*, who told of the wonderful progress of medicine and nursing since she entered the work, of the first organized efforts of the nurses and what it had done for us. She spoke in favor of better organization of societies and for central directories for and by nurses

and not
gave mar

The
He said
harmless
no seriou
themselv

The
esting w
Company
R.N., wa
tion of c

Mrs.
Harbor,
in which
emphasiz
developm
Francis
control t
and tha
also equ
to the st
istics in
to-day.
lost sigh
as early

Wor
Hygiene
Pearson
was esta
had bee
establis
tion, wa
Eugenic
secretar
Bell, W
Harvar
Johns I
Webber,
In add
as cent

The
and men
teristics
of fami
staff of
conjunc
epilepsy

and not for commercial gain; she also told us of her conversion to suffrage and gave many helpful talks on all subjects presented.

The paper by Dr. W. Shimer on anti-typhoid serum was most interesting. He said the use of it had passed beyond the experimental stage and that it is harmless and effective, that in 30,000 cases administered in the U. S. Army, no serious results followed. He recommended that nurses entering training avail themselves of this preventive.

The work of district nursing in Indianapolis was described in a very interesting way by Laura Stegner, R.N., chief nurse for the Metropolitan Insurance Company in this city. Another paper of equal interest by Miss Elsie Peacock, R.N., was on "Infant welfare, and what the country is doing for the conservation of childhood."

Mrs. Mary Dranga-Graebe, Field Worker, Eugenics Record Office, Cold Spring Harbor, Long Island, N. Y., gave an interesting paper on the subject of eugenics, in which she spoke of the work being done in this country and in Europe, and emphasized the importance of education in all matters that pertain to the development and improvement of the human race. She stated that it was Sir Francis Galton who defined eugenics as the study of those agencies under social control that may improve or make pure the racial qualities of future generations and that it was he who inspired the modern study of eugenics; that we are also equally indebted to the Austrian monk, Gregor Mendel, for his contributions to the study of heredity, for Mendel in his study of the inheritance of characteristics in the garden pea formulated a law of inheritance which is being used to-day. It is interesting to note that the results of Mendel's researches were lost sight of and only rediscovered in 1900, although worked out and published as early as 1866.

Work is being carried on in Germany by the International Society for Race Hygiene; in England, by the Eugenics Education Society and under Prof. Carl Pearson at University College, London, where a fellowship for research in eugenics was established by the late Sir Francis Galton. In America, studies in heredity had been made by independent investigators, but the Eugenics Record Office, established last fall by the Eugenics Section of the American Breeders' Association, was the first to take up definite or continuous work. The officers of the Eugenics Section are: David Starr Jordan, chairman; Charles B. Davenport, secretary; and with them have been associated, among others, Alexander Graham Bell, Washington, D. C.; Luther Burbank, Santa Rosa, Calif.; W. E. Castle, Harvard University; Charles R. Henderson, University of Chicago; Adolf Meyer, Johns Hopkins University; J. Arthur Thomson, Aberdeen University; H. J. Webber, Cornell University; and Frederick A. Woods, Harvard Medical School. In addition to the Record Office, it has specialized committees which serve as centres for special studies.

The Record Office seeks to accumulate and study data concerning the physical and mental characteristics of human families and the inheritance of such characteristics through several generations. This is done by means of correspondence, of family record blanks which may be secured from the office by request, and a staff of field workers who are making investigations, either independently or in conjunction with institutions, in regard to the inheritance of feeble-mindedness, epilepsy, insanity, etc.

The information thus obtained will be studied, analyzed and utilized in educating the public and in securing legislation which will lead to the control of reproduction of the defective classes and the improvement of the human race by a better selection of marriage mates.

The speaker gave a brief outline of Mendel's law of inheritance and stated that already sufficient work had been done to show that the same law which applied to plant and animal life could be applied to the human race, and that if the knowledge the Record Office and others are seeking to obtain is rightfully used, much may be done to improve mankind.

Several states were cited which have already formulated and passed laws seeking to restrict the marriage of the unfit. Stress was laid upon education—the education of all classes; this is quite as important as investigation, for not until the principles of eugenics have penetrated into the national consciousness will public opinion give effect to them in any determined way.

The association is greatly indebted to Mrs. Graebe for this splendid paper. The Indiana State Nurses' Association will make application for affiliation with the State Federation of Clubs and have a delegate in the convention on October 25.

Upon request of the State Board of Nurses' Examiners, through their secretary, Miss Humphrey, an advisory committee to co-operate with the board was appointed as follows: M. B. Sollers, R.N., Richmond; F. J. Martin, R.N., Jessie Horn, R.N., Indianapolis; Edith Willis, R.N., South Bend, and Edith Chisholm, R.N., Terre Haute. The pledge of \$25 to the Nurses' Emergency Relief Fund made by the delegate to the American Nurses' Association in Boston was sustained and an order given Miss Palmer for five hundred reprints of Dr. Winslow's paper to distribute amongst the societies and individuals for study. There were twenty-nine new members elected, and thirty-nine subscriptions to the *AMERICAN JOURNAL OF NURSING* (some being renewals). A very cordial invitation was received by the association from the Hon. Mayor of LaFayette, Ind., and from the Merchants' Association of that city to hold its semi-annual meeting there in the spring of 1912. The invitation was gladly accepted and a "wire" sent Mayor Durgan as requested.

The election of officers was as follows: president, Dr. Maude McConnell, R.N., Sullivan; vice-presidents, Frances M. Ott, R.N., Morocco, Edith Baynes, R.N., Indianapolis; secretary, Elizabeth Henderson, R.N., Richmond; treasurer, Mrs. M. S. Elliott, R.N., Ft. Wayne. Standing committees: Legislative, Anna Rein, R.N., Indianapolis; By-laws, Lizzie M. Cox, R.N., Elizabethtown; Credential, F. E. Gerard, R.N., Indianapolis; Red Cross, Elizabeth Johnson, R.N., Indianapolis; Alms-house, Mrs. F. A. Teague, R.N., Richmond; Nominating, Martha Woody, R.N., LaFayette; Public Health, Mrs. A. H. Bryce, Indianapolis; Arrangement, Florence J. Martin, R.N., Indianapolis.

At the close of the first day's session the nurses were taken for an auto ride over the city; for this pleasure they were indebted to many private citizens, the physicians, and to Dr. Freeland, who was master of ceremonies.

At eight o'clock, P.M., October 10, a banquet was given at the Claypool Hotel, where seventy covers were laid, and with a unanimous challenge to old "Nightmare" to do her worst they dined on a bountiful repast. As an aid to digestion there was beautiful music. The toasts were given in a very cheerful and happy vein.

If permissible, the retiring secretary would take this opportunity to thank the editors of the *AMERICAN JOURNAL OF NURSING*, and all with whom her work has brought her in contact, for their patience and many kindnesses during her five years' service as secretary of the Indiana State Nurses' Association.

M. D. CURRIE, R.N.

A MEETING OF THE INDIANA STATE SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES was held in the reception room of the Methodist Hospital in Indianapolis on the afternoon of October 9. Florence Martin, R.N., of the City Hospital, introduced the subject, "The Value of a Preliminary Course in the Training School," and then asked Miss Palmer to take charge of the meeting. She told how many of the schools were doing this and advised the course, even if it be a very short one to begin with.

The new officers for the ensuing year are: president, Ethel Chisholm, R.N., Union Hospital, Terre Haute, Ind.; secretary-treasurer, Jessie Horn, R.N., M. E. Hospital, Indianapolis. The meeting adjourned to the dining room where a delicious luncheon was served.

TEXAS

THE GRADUATE NURSES' ASSOCIATION OF EL PASO COUNTY has been reorganized under a charter with a revision of constitution and by-laws. Many of the old members have been dropped from membership, but it still has a goodly number of active members, all but four of whom are registered nurses. The officers for this year are as follows: president, A. Z. Walker, R.N.; vice-president, Mary Kuniary (?); secretary, Ellen Louise Brient, R.N., St. Mark's Hospital; treasurer, Elsie Stoltzfus. The board of directors is composed of these four officers and A. Louise Dietrich, R.N., chairman; M. MacGimpsey, R.N., secretary, and Isabel Lyle, R.N.

NORTH DAKOTA

THE GRAND FORKS COUNTY GRADUATE NURSES' ASSOCIATION held its annual meeting October 10 at the Young Women's Christian Association. The reports of the year were most encouraging and showed progress. Membership increased from nineteen to thirty-three, with further applications pending. Meetings have been held regularly and were well attended. The review of the educational section of the organization offered the following papers: Opportunities of an Organization; Work of the Visiting Nurse; Work of the Young Women's Christian Association; Alms-house Nursing in North Dakota; The *AMERICAN JOURNAL OF NURSING*; The Isabel Hampton Robb Educational Fund; Report of the May Conventions; and the Life of Florence Nightingale, by one of the students of the preparatory course for nurses. The registry at the Nurses' Club is flourishing since its existence of seven months. Through the efforts of the association, the Cass County organization sprang into existence with headquarters at Fargo. State association has been discussed freely. Committees from both county associations are to be formed in the near future to work together in this direction. The president emphasized again the object and origin of the Isabel Hampton Robb Educational Fund. At the close of the meeting pledges were taken, to which all present responded cheerfully. The officers elected for the coming

year are as follows: president, Bertha Erdmann, R.N.; vice-president, Edla Unger; secretary, Emma Long, R.N.; treasurer, Mae McCulloch.

University.—THE SECOND YEAR OF THE PREPARATORY COURSE FOR NURSES began with the opening of the University, September 20. Although the matriculation is not as large as anticipated, there is, nevertheless, every reason to feel encouraged. The students from the colleges have elected subjects offered in the Nurses' Course and are intensely interested. As a result the class in dietetics is a large one. The course has been rearranged, offering the following subjects the first semester: anatomy and physiology, chemistry, psychology, dietetics, hygiene and sanitation; the second: bacteriology, physiological chemistry, pharmacology, hospital and household economics, principles of nursing and sociology. That the nurses throughout the state are interested in the education of the nurse is manifested by their request that the University offer a course for graduate nurses during the summer school session. This matter is now under consideration by the committee. Two of the students of the Preparatory Course, class of 1910, will enter the Presbyterian Hospital Training School for Nurses, for two years' further training. The University Library is in possession of the eleven complete volumes of the *AMERICAN JOURNAL OF NURSING*, attractively bound. These are used for references by the students of the Preparatory Course, and are also at the disposal of the graduate nurses throughout the state.

WASHINGTON

THE WASHINGTON HOSPITAL SUPERINTENDENTS' SOCIETY has been formed for the purpose of bringing together executive officers of hospitals and training schools in work for their profession and in other philanthropic lines. The officers are: president, Edith Weller, R.N., N. P. Hospital, Tacoma; vice-president, Anna Wilkinson, R.N., St. Luke's Hospital, Bellingham; secretary-treasurer, Anna Juergens, R.N., County Hospital, Tacoma. Council—Western Division: Evelyn H. Hall, R.N., Seattle General Hospital; Lucy I. Pringle, R.N., Minor Hospital; Kathryn Major, R.N., Wayside Emergency Hospital; Mary E. Shiach, R.N., City Hospital; Lillian Carter, R.N., Orthopaedic Hospital, all of Seattle; auditor, Edith Sheldon, R.N., Anacortes General Hospital, Anacortes.

Tacoma.—PIERCE COUNTY GRADUATE NURSE ASSOCIATION held the regular monthly meeting on September 5, in the Nurses' Home of the F. C. Paddock Hospital. Dr. Alice M. Smith gave us an instructive talk on "The Psychology of Contact between Patient and Nurse." Minutes of last meeting were read and approved. Mrs. Cummings gave an interesting report of the meeting held July 10. A member of the association has been placed in charge of the Tacoma City Detention Hospital. Mrs. Cummings told of the work being done by the President's Council. Five names were accepted as members. The standing committee, also the trustees, held their regular meetings in September.

The October meeting was held on the second with a fair attendance, considering that so many of the nurses are busy. Minutes of last meeting, treasurer's report, also the reports from committees, all read and approved. Miss Mulroy read a most instructive paper on Tuberculosis, prepared by Dr. James R. Yocom. Miss Weller read some interesting short articles from various magazines. Mrs. Emma Thomas read an article in regard to "Dr." C. H. Shaffner, who is

advertisi
the asso
Bozeman
number.

ON
and Mr
Benjami
ON
Edith
ON
Mrs. E
ON
and Mr
Allegh
ON
John C
Genera
ON
Emily
A
was M
O
John
Hospit

O
Hospit
in Sh
O
Gene
O
Gene
trip
N. J
Univ
Mrs.
Mar
Ger
to f

advertising to teach nursing by mail. The members regret the resignation from the association of one of its loyal members, Mildred Marsden, who is now in Bozeman, Montana. One new member was accepted. Mr. Allen gave a musical number. Adjourned, to meet November 6.

BIRTHS

On September 17, at Muscatine, Iowa, a daughter, Mary Elizabeth, to Dr. and Mrs. F. L. Appel. Mrs. Appel was Elizabeth J. Trafton, R.N., class of 1904, Benjamin Hershey Memorial Hospital, Muscatine.

On September 4, a son, to Mr. and Mrs. Henry Roberts. Mrs. Roberts was Edith Hunter, class of 1909, Presbyterian Hospital, Chicago.

On September 23, a daughter, Julia Gwendolen, to Dr. and Mrs. E. S. Evans. Mrs. Evans was Marabelle Baldwin, class of 1908, Presbyterian Hospital, Chicago.

On July 26, at Downs, West Virginia, a daughter, Helen Louise, to Rev. and Mrs. Frank Patterson. Mrs. Patterson was Bessie Stephenson, graduate of Allegheny General Hospital.

On September 11, at Allegheny General Hospital, a son, to Mr. and Mrs. John Caughey. Mrs. Caughey was Maude D. McCormick, graduate of Allegheny General Hospital.

On September 1, a son, to Dr. and Mrs. Mark Rogers. Mrs. Rogers was Emily F. Ross, class of 1904, Massachusetts General Hospital.

At Lima, Ohio, a daughter, to Mr. and Mrs. E. Lippincott. Mrs. Lippincott was M. Bowsher, class of 1905, Illinois Training School.

On June 6, at Suifu, West China, a son, Paul Russell, to Rev. and Mrs. John Cherney. Mrs. Cherney was Julia S. Wilson, class of 1910, Hahnemann Hospital, Rochester, N. Y.

MARRIAGES

On June 1, at Pittsburgh, Laura Shotte, class of 1897, Allegheny General Hospital, to Charles Backman, of Sharon, Pa. Mr. and Mrs. Backman will live in Sharon.

On June 14, at Dunville, Ontario, Theresa Bates, class of 1908, Allegheny General Hospital, to George Ramsey. Mr. and Mrs. Ramsey will live in Canada.

On August 5, at Pittsburgh, Viola P. Mitchell, class of 1909, Allegheny General Hospital, to Rudolph Bentz, M.D. Dr. and Mrs. Bentz are making a trip through Australia.

On October 18, Helen S. Morgan, class of 1907, St. Mary's Hospital, Passaic, N. J., to Roy L. Romaine. Mr. and Mrs. Romaine will live in Paterson, N. J.

On October 6, in Tacoma, Wash., Tibbie Florence Edward, class of 1909, University of Michigan Training School, to Hilbrand J. Hards, M.D. Dr. and Mrs. Hards will live in Tacoma.

On September 24, at Detroit, Mich., Florence E. Sonsby, class of 1910, St. Mary's Hospital, to Arthur Grandy. Mr. and Mrs. Grandy will live in Detroit.

On September 24, in Clinton, Iowa, Amanda L. Hoeltje, graduate of the German Hospital, Chicago, and former Visiting Tuberculosis Nurse in that city, to Henry J. Love, M.D. Dr. and Mrs. Love will live in East Moline, Ill.

On June 1, in New York City, Lillian West, graduate of Faxton Hospital, Utica, to Edwin Johnson.

On August 9, at Afton, N. Y., Zilpha J. Sackett, graduate of Faxton Hospital, Utica, to John Denoirer.

On September 11, at Utica, N. Y., Blanche Marchand, class of 1911, Faxton Hospital, Utica, to Sidney J. Colton, M.D., of Johnstown.

On August 15, at Rome, N. Y., Rose Peterson, class of 1908, Faxton Hospital, Utica, to Lester D. Beers.

On May 14, at Glenfield, Blanch Case, class of 1906, Faxton Hospital, Utica, to Cadwell Dewey, of Conazal, Panama.

On July 14, at Utica, Ada Mason, class of 1911, Faxton Hospital, to Martin Powers, M.D., of Rome, N. Y.

On May 14, at Watertown, South Dakota, Mary Horigan, class of 1909, Faxton Hospital, Utica, to H. J. Barton, M.D. Dr. and Mrs. Barton will live in Watertown, where Dr. Barton is surgeon-in-chief of the sanatorium.

On September 15, in St. Peter's Episcopal Church, Helena, Montana, Edith Ann Jackson to William Evarts Tracy. Mr. and Mrs. Tracy will live in Telluride, Colo.

On March 29, Netta Ewan, class of 1891, Illinois Training School, to H. B. Maxwell, of Butler, Ind.

On April 10, Jessie Holroyd, class of 1898, Illinois Training School, to F. E. Bradley. Mr. Bradley died the following day.

On October 3, Martha H. Otto, class of 1910, Milwaukee County Training School, to Stanley R. Huffenan. Mr. and Mrs. Huffenan will live in Monroe, Wis.

On September 2, at Detroit, Mich., Marie Callaghan, class of 1909, St. Mary's Hospital, to Harry Hartung. Mr. and Mrs. Hartung will live in Detroit.

On June 28, at Cleveland, Ohio, Ida J. Bittner, graduate of St. Clair Hospital, Cleveland, to E. R. Alexander, M.D. Dr. and Mrs. Alexander will live in Seville, Ohio.

On June 7, at North Newcastle, Maine, Geraldine B. Albee, class of 1911, Massachusetts General Hospital, to Chester Hall Vannah.

On June 21, in Hudson, N. H., Maude Harmona Julia Harwood, class of 1908, Massachusetts General Hospital, to John Moyses Priske.

On September 4, in Boston, Pearl Mabel Reid, class of 1909, Massachusetts General Hospital, to Ernest Eckerly Calvert.

HENRIETTA MORRISON, class of 1907, Bradford Hospital, Pa., to John F. Leonard. Mr. and Mrs. Leonard will live in Bradford, where Mrs. Leonard will continue her duties as president of the Bradford Nurses' Association.

In August, Alice Kipgen, class of 1905, Bradford Hospital, Pa., to Thomas Kearns. Mr. and Mrs. Kearns will live in Bradford.

On June 28, in Denver, Colo., Elizabeth Erlewin, graduate of the Illinois Training School, to W. J. Rogers, M.D.

On May 2, Clara J. Crawford, class of 1909, Columbia Hospital, Pittsburgh, to R. E. Lockard, of Indiana, Pa.

On May 11, Susan Himes, class of 1909, Columbia Hospital, Pittsburgh, to Kerr E. McConnell.

On June 15, at York, Pa., Lillian E. Kraus, class of 1909, Columbia Hospital, Pittsburgh, to Jos. C. Edgar, M.D., of Oakmont, Pa.

ON September 13, at Boston, Ann Elizabeth White, class of 1901, Carney Hospital, to James A. Flannery. Mr. and Mrs. Flannery will live in Dorchester.

ON October 11, Helen Reid Inglis, graduate of Bolton General Hospital, England, to George Edward Fuller. Mr. and Mrs. Fuller will live in South Hanson, Mass.

DEATHS

ON June 5, at the Lutheran Hospital, St. Louis, Mo., after an illness of eighteen months, Pauline Mertz, R.N., a graduate of the class of 1904. Miss Mertz's classmates feel that they have lost a beloved sister, a valued friend, and an exceptionally gifted member of their profession, who bore her long suffering with patience.

ON June 14, Emma L. Fundis, class of 1909, Columbia Hospital, Pittsburgh, Miss Fundis was drowned in the Allegheny River at Oakmont, while canoeing. The members of the alumnae association greatly mourn her loss.

ON September 21, at her home in Whittemore, Iowa, Frances Edna Farley, R.N., class of 1903, Illinois Training School.

ON September 19, at Ames, Iowa, Ruth Whittemore Arnett, class of 1909, Johns Hopkins Hospital. Miss Whittemore was married to Professor C. N. Arnett on the 17th of last June.

ON September 30, while on duty at the Post-Graduate Hospital, New York City, Mary Connors, class of 1910. Miss Connors was carrying a tray of bottles to the operating room when she tripped and fell, spilling a quantity of carbolic acid over her face, arms, and chest, from the effects of which she died in a few moments. The members of her alumnae association feel that they have lost a valued member who, by her ability, faithfulness, and conscientiousness filled a responsible position. Miss Connors' home was in San Francisco.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON, R.N.

THE HEALTHFUL ART OF DANCING. By Luther H. Gulick, M.D.
Doubleday, Page & Company, New York.

Dr. Gulick announces the aim of his book to be that of presenting "criteria and standards regarding the place of folk-dancing in every-day American life, in the schools, on the playground, and in the house;" also "to interpret the movement, to show that which is good and why it is good, and to indicate, for the purpose of introducing this element into American life, practical measures that experience has proved successful."

The author, as shown in his earlier books, is urgent for the importance of the optimistic point of view, for the cultivation of the sane and the wholesome, and advises judicious exercise and the expression of happy feeling of joyousness and satisfaction in living. His present work takes up the constructive treatment which shall produce these results, and to this end argues for dancing or rather of folk-dancing. For society dancing he has little to say; the subject of his book is the dance games and the work done in the public schools and by the Playgrounds Association of America.

Like Zangwill, Dr. Gulick sees in America the vast "melting pot" which by fusion of the peoples of all the earth is to produce the nation of the future, and he suggests the richness and variety of the folk dances in the time to come if each nation foster and preserve its primitive dances. In the meantime and for present use he finds in the folk-dances, particularly those of Sweden and Russia, the most popular form of gymnastic exercise for the young. He gives such an attractive glimpse of the art as practised in the public schools that one is tempted to quote indefinitely. One paragraph will have to suffice.

"One has to see them to get an idea of the kind of spell they (the dances) possess for the children; how every muscle responds accurately and eagerly to the exhilarating well cadenced rhythm of the music; how the dancers move back and forth, gliding, hopping, tripping, crossing and recrossing, now fast, now slow, according to some intricate scheme at which an outsider can only stare in wonder; with how much zest and

abandon
tered into
the digni
The mus
up with
peculiar
with the

The b
teachers
results o
crowded

THE CO
\$1.25.

Dr. C
people ou
He attri
of even r
vailing s
to a prom
is the ab
pursued
of therap
the rôle
of the a
tanry in
still flou
people in
not to m
contrivan

Proce
treat of
this con
upon.

As to
two head
former i
oned as
order is
supposed
to be for

abandon all the mimicry of the Swedish and Russian folk-dances is entered into—the slaps on the face (that do not slap), the quaint cajolery, the dignified ceremoniousness, the whole gamut of mimic social life. The music, too, is always appropriate. It is the music that has grown up with the dance, and belongs to it—the strange, harmonious and peculiar rhythm of Slavic chardos; the spirited, sharply accented air with the bagpipe's drone imitated in the bass, of the Highland Fling."

The book contains reports from the playground associations and from teachers in the public schools testifying to the popularity and the good results of the introduction of folk-dancing into recreation centres in crowded cities where space is at a premium.

THE CONQUEST OF THE NERVES. By I. W. Courteney, M.D. Price \$1.25. The Macmillan Company, New York.

Dr. Courteney's book is a protest against the tremendous exodus of people outside of the field of medicine in search of cures for physical ills. He attributes this in some measure to ignorance and regrets the lack of even rudimentary knowledge of the human body and its functions prevailing among otherwise intelligent and enlightened people; and also to a proneness to run after quackery. He disputes the idea that mind is the absolute master of the body; and taking up in order the methods pursued by the Christian Science, Emmanuel, and New Thought forms of therapy, demonstrates briefly but effectively the great importance of the rôle of self in the mental and spiritual healing, the great use made of the attributes, faith, prayer and optimism. A chapter on charlatantry in general leaves us rather humiliated at the superstitions which still flourish in good society, and at the childish credulity displayed by people in general as evidenced by enormous sales of patent medicines, not to mention the thousand and one devices as rings, belts, lockets and contrivances, electrical and other, which find a ready market.

Proceeding to the field of legitimate medicine the author proceeds to treat of functional nervous disorder—the subject of organic disease in this connection being classed as a different condition and not entered upon.

As to the causes of functional nervous disorder they are ranged under two heads—the predisposing and the direct; the most prominent of the former is stated to be hereditary. Education and training are also reckoned as predisposing factors. Direct cause of functional nervous disorder is, in the opinion of Dr. Courteney, more rare than is generally supposed—but if direct cause exists independent of predisposition, it is to be found in worry—add to worry bad dietetic and hygienic conditions

due to the same cause as the worry, which is lack of money, and the cause of much nervous disorder is evident. Grief, jealousy, and other emotions are considered.

In describing the symptoms, every sensation is noted and accounted for, be it small or great. Considering the mental and emotional aspects of functional nervous disorder, uncontrolled fear seems to cover the entire horizon.

The physical treatment of disordered nerves consists of first convincing the sufferer that weakness and irritability of the motor, sensory, and sympathetic elements of the nervous system account for conditions. Once this is accomplished and the patient becomes the minister to his own recovery, his intelligent co-operation is the prime factor. From watching for symptoms of disease he turns to looking for signs of recovery. Diet, generous, well cooked and well served, is considered of first importance. Where digestion and assimilation are impaired the diet may be modified to include raw eggs, scraped beef and such concentrated foods. That tobacco, alcohol, strong tea and coffee are to be tabooed is of course required, except that coffee with breakfast is allowed. Self-drugging is condemned utterly. Bathing, exercise in the fresh air, and rational amusement have their place in the cure—foreign travel is reserved for the completion of the cure.

The psychotherapy of functional nervous disorder consists in keeping the mind free from introspection, self-pity and self-analysis, by keeping some light occupation on hand, by a judicious choice of literature, and by avoiding energy-wasting habits; by attempting cheerful and helpful relations with our neighbors.

The book closes with an exhortation to the victim of functional nervous disorders to try and see his trials in a philosophical light and to remember that it has been a rest time during which he has formed habits which bring within his reach recreative resources of which he would otherwise have remained ignorant. Moreover, the author states that in many instances "Nerves exert a spiritualizing force and bring to a termination a long existing process of soul starvation.

"That oft the cloud that wraps the present hour
Serves but to brighten all our future days."

Preside
Secreta
D.

THE

Preside
Secreta

Presid
Secreta
Inter-S
Treasu

JANE

Super
G

Chair
Treas

Chair
Treas

OFFICIAL DIRECTORY.

THE AMERICAN JOURNAL OF NURSING COMPANY.

President, ISABEL McISAAC, Benton Harbor, Mich.

Secretary, JANE A. DELANO, R.N., Room 345½, War Department, Washington, D. C.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS.

President, MARY C. WHEELER, R.N., 127 North Dearborn Street, Chicago, Ill.

Secretary, JESSIE E. CATTON, Springfield Hospital, Springfield, Mass.

Annual meeting to be held in Chicago, 1912.

AMERICAN NURSES' ASSOCIATION.

President, SARAH E. SLY, R.N., Birmingham, Mich.

Secretary, AGNES G. DEANS, 174 West Fifth Street, Oswego, N. Y.

Inter-State Secretary, ISABEL McISAAC, Benton Harbor, Mich.

Treasurer, MRS. C. V. TWISS, R.N., 419 West 144th Street, New York City.

Annual meeting to be held in Chicago, 1912.

ARMY NURSE CORPS, U. S. A.

JANE A. DELANO, R.N., Surgeon-General's Office, Washington, D. C.

NAVY NURSE CORPS, U. S. N.

Superintendent, LENA S. HIGBEE, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

ISABEL HAMPTON ROBB MEMORIAL COMMITTEE.

Chairman, ISABEL McISAAC, Benton Harbor, Mich.

Treasurer, MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.

NURSES' RELIEF FUND COMMITTEE

Chairman, L. A. GIBERSON, R.N., 33rd Street and Powelton Avenue, Philadelphia, Pa.

Treasurer, M. LOUISE TWISS, R.N., 419 West 144th Street, New York City.

THE CALIFORNIA STATE NURSES' ASSOCIATION.

President, E. M. SHUEY, 2324 Carleton Street, Berkeley, Cal.

Secretary, MRS. ELSIE COUBRIER PHILLIPS, 14 Bacon Block, Oakland, Cal.

COLORADO STATE TRAINED NURSES' ASSOCIATION.

President, MRS. C. A. BLACK, R.N., 2018 Greenwood Avenue, Pueblo.

Secretary, LOUISE PERRIN, R.N., 4303 Clay Street, Denver, Col.

GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.

President, MRS. ISABEL WILCOX, Pine Meadow.

Secretary, MRS. WINIFRED AHN HART, 169 Elm Street, Bridgeport.

DEPARTMENT OF NURSING AND HEALTH, TEACHERS' COLLEGE,
NEW YORK.Director, M. ADELAIDE NUTTING, R.N., Teachers' College, Columbia University,
120th Street, New York City.

DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

President, HELEN W. GARDNER, The Portner, Washington, D. C.

Secretary, NELLIE REED, R.N., The Portner, Washington, D. C.

GEORGIA STATE ASSOCIATION OF GRADUATE NURSES.

President, MRS. EVA S. TUPMAN, R.N., 640 Piedmont Avenue, Atlanta, Ga.

Corresponding Secretary, ANNA BRUNDIGE, R.N., 734 Peachtree Street, Atlanta,
Ga.

Treasurer, FRANCIS PATTON, R.N., 45 West Fifth Street, Atlanta, Ga.

THE IDAHO STATE NURSES' ASSOCIATION.

President, LILLIAN LONG, St. Luke's Hospital, Boise, Idaho.

Secretary, LULU HALL, Room 410, Overland Building, Boise, Idaho.

ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES.

President, ADDA ELDREDGE, R.N., St. Luke's Hospital, Chicago, Ill.

Secretary, MRS. W. E. BACHE, R.N., 4703 Magnolia Avenue, Chicago, Ill.

INDIANA STATE NURSES' ASSOCIATION.

President, DR. M. W. MCCONNELL, R.N., 328 East Washington Street, Sullivan,
Ind.

Secretary, ELIZABETH HENDERSON, R.N., Richmond.

Chairman Credential Committee, FANNY E. GERAUD, R.N., 2102 North Senate
Avenue, Indianapolis, Ind.

IOWA STATE ASSOCIATION OF REGISTERED NURSES.

President, MILLICENT L. SCHAAB, R.N., Methodist Hospital, Des Moines.
Corresponding Secretary, EMMA D. SEIBERT, R.N., 921 Grant Avenue, Waterloo.
Chairman Credential Committee, JULIA SHERIDAN, 2905 Pierce Street, Sioux City, Iowa.

KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES.

President, ELIZA JOHNSON, City Hospital, Louisville.
Corresponding Secretary, MATILDA STEILBERG, 2227 Magazine Street, Louisville.

LOUISIANA STATE NURSES' ASSOCIATION.

President, KATHERINE DENT, New Orleans Sanitarium, 1403 Terpsichore Street, New Orleans, La.
Secretary, C. LEHMAN, Touro Infirmary, 4217 Prytania Street, New Orleans, La

MASSACHUSETTS STATE NURSES' ASSOCIATION.

President, MARY E. P. DAVIS, 21 Walnut Avenue, Norwood.
Recording Secretary, EMMA M. NICHOLS, Boston City Hospital, Boston.
Corresponding Secretary, JANE F. RILEY, 24 Charlesgate East, Boston.

MARYLAND STATE ASSOCIATION OF GRADUATE NURSES.

President, MRS. REBA THELIN FOSTER, 1211 Cathedral Street, Baltimore, Md.
Secretary, CLARA E. QUERY, R.N., 1211 Cathedral Street, Baltimore, Md.

MICHIGAN STATE NURSES' ASSOCIATION.

President, MRS. RALPH APTED, Grand Rapids, Mich.
Secretary, MILLICENT B. NORTHWAY, Mercy Hospital, Benton Harbor, Mich.

MINNESOTA STATE NURSES' ASSOCIATION.

President, EDITH GATZMAN, R.N., 242 Lyndale Avenue, South, Minneapolis, Minn.
Secretary, MRS. E. W. STUHR, R.N., 1810 Chicago Avenue, Minneapolis, Minn.

THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF MISSISSIPPI.

President, J. M. QUINN, Hattiesburg Hospital, Hattiesburg.
Secretary, LEOLA STEELE, 306 South Union Street, Natchez.
Treasurer, E. M. HENNING, City Hospital, Natchez.

MISSOURI STATE NURSES' ASSOCIATION.

President, MARGARET MCKINLEY, R.N., 5896 Delmar Boulevard, St. Louis, Mo.
Corresponding Secretary, MRS. MABEL C. L. FREYTAG, R.N., Graham, Mo.

NEBRASKA STATE ASSOCIATION OF GRADUATE NURSES.

President, MISS VICTORIA ANDERSON, Methodist Episcopal Hospital, Omaha, Neb.
Secretary, LILLIAN B. STUFF, R.N., 434 South 28th Street, Lincoln, Neb.

GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE.

President, IDA A. NUTTER, R.N., Franklin Hospital, Franklin.
Corresponding Secretary, IDA F. SHEPARD, R.N., Mary Hitchcock Memorial Hospital, Hanover, N. H.

NEW JERSEY STATE NURSES' ASSOCIATION.

President, BEATRICE M. BAMBER, City Hospital, Perth Amboy, N. J.
Secretary, MRS. D'ARCY STEPHEN, 15 Prince Street, Orange, N. J.

NEW YORK STATE NURSES' ASSOCIATION.

President, MRS. C. V. TWISS, R.N., 419 West 144th Street, New York, N. Y.
Secretary, MRS. CHARLES G. STEVENSON, R.N., 1316 85th Street, Brooklyn.
Treasurer, ANNA O'NEILL, General Hospital, Utica.

NORTH CAROLINA STATE NURSES' ASSOCIATION.

President, CONSTANCE E. PFOHL, R.N., Winston-Salem, N. C.
Secretary, LOIS ABCH TOOMER, R.N., 123 South Fourth Street, Wilmington, N. C.
Treasurer, EUGENIA HENDERSON, R.N., Winston-Salem, N. C.

OHIO NURSES' ASSOCIATION.

President, FLORENCE BISHOP, Miami Valley Hospital, Dayton, Ohio.
Secretary, MATILDA L. JOHNSON, 501 St. Clair Avenue, Cleveland, Ohio.

OKLAHOMA STATE ASSOCIATION OF GRADUATE NURSES.

President, MISS HARTLEY, Muskogee, Oklahoma.
Secretary, MISS OLIVE SALMON, 406 North Oklahoma Avenue, Oklahoma City, Oklahoma.
Treasurer, MISS CANNON, 442 North C Street, Muskogee, Oklahoma.

OREGON STATE NURSES' ASSOCIATION.

President, JENNIE V. DOYLE, 675 Glisan Street, Portland, Ore.
Corresponding Secretary, GERTRUDE M. WELSH, Good Samaritan Hospital, Portland, Oregon.

GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA.

President, IDA F. GILES, R.N., German Hospital, Philadelphia.
Secretary, MARY S. SIMS, R.N., Haverford.
Treasurer, MRS. MARY T. WEIR KERR, R.N., Emlenton, Pennsylvania.

RHODE ISLAND STATE NURSES' ASSOCIATION.

President, MRS. HARRIET P. CHURCHILL, 352 Broad Street, Providence.
Corresponding Secretary, RHODA G. PACKARD, R. F. D. No. 2, Rehoboth, Mass.

SOUTH CAROLINA STATE NURSES' ASSOCIATION.

President, MRS. E. W. DOBBS, Maysville, S. C.
Secretary, LULA DAVIS, Sumter Hospital, Sumter, S. C.

THE TENNESSEE STATE NURSES' ASSOCIATION.

President, LENA A. WARNER, 112 North Belvidere Boulevard, Memphis, Tenn.
Secretary, M. G. NESBIT, 1616 McGavock Street, Nashville, Tenn.

GRADUATE NURSES' ASSOCIATION OF TEXAS.

President, RETTA JOHNSON, R.N., 202 Dennis Avenue, Houston.
Secretary-Treasurer, ALLIE BROOKMAN, 304 North Third Street, Temple.

THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA.

President, AGNES D. RANDOLPH, Virginia Hospital, Richmond, Va.
Secretary, MRS. CHARLES EATON, 2710-A East Broad Street, Richmond, Va.
Treasurer, JULIA MELLICHAMP, 39 West Redgate Avenue, Norfolk, Va.

WASHINGTON STATE NURSES' ASSOCIATION.

President, ELLA A. WILKINSON, R.N., St. Luke's Hospital, Bellingham.
Secretary, URSULA TIBBELS, R.N., 2301 J Street, Bellingham.
Treasurer, MRS. ETTA B. CUMMINGS, R.N., 3411 South Eighth Street, Tacoma.

WEST VIRGINIA STATE NURSES' ASSOCIATION.

President, MRS. GEORGE LOUNSBERY, 1110 Lee Street, Charleston, W. Va.
Secretary, MRS. M. J. STEELE, 5 Hubbard Court, Charleston, W. Va.

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES.

President, MRS. MAUD G. DAVIS, 278 Pleasant Street, Milwaukee.
Secretary, MRS. HELEN DE SPELDER MOORE, Kenosha Hospital, Kenosha.

WYOMING STATE NURSES' ASSOCIATION.

President, MARTHA A. CONVERSE, Rock Springs, Wyo.
Secretary, MRS. AMY E. MILLER, 116 Coffeen Avenue, Sheridan, Wyo.

NAMES OF OFFICERS OF EXAMINING BOARDS.**COLORADO.**

President, LAURA A. BEECROFT, R.N., Minnequa Hospital, Pueblo, Col.
Secretary, MARY B. EYRE, R.N., 1942 Pennsylvania Street, Denver, Col.

CONNECTICUT.

President, EMMA L. STOWE, New Haven Hospital, New Haven, Conn.
Secretary, R. INDE ALBAUGH, R.N., Pleasant Valley, Conn.

DISTRICT OF COLUMBIA.

President, LILY KANELY, R.N., 1723 G Street, Washington, D. C.
Secretary, KATHERINE DOUGLASS, R.N., 320 East Capitol Street, Washington, D. C.

GEORGIA.

President, ELLA M. JOHNSTONE, R.N., 309 West Thirty-fifth Street, Savannah, Ga.
Secretary and Treasurer, EMILY R. DENDY, R.N., 822 Greene Street, Augusta, Ga.

IDAHO.

President, LILLIAN LONG, St. Luke's Hospital, Boise.
Secretary-Treasurer, NAPINA HANLEY.

ILLINOIS.

President, BENA M. HENDERSON, R.N., Children's Memorial Hospital, Chicago, Ill.
Secretary-Treasurer, MARY C. WHEELER, R.N., 127 N. Dearborn Street, Chicago, Ill.

INDIANA.

President, L. M. COX, R.N., Elizabethtown, Ind.
Secretary, EDNA HUMPHREY, R.N., Crawfordsville, Ind.

IOWA.

President, B. L. EIKER, M.D., Leon.
Secretary, GUILFORD H. SUMNER, M.D., Capitol Building, Des Moines.

MARYLAND.

President, MARIE ALIDA GORTER, R.N., 1211 Cathedral Street, Baltimore.
Secretary, ELIZABETH G. P. HURST, R.N., 1211 Cathedral Street, Baltimore.

MASSACHUSETTS.

President, MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.
Secretary, EDWIN B. HARVEY, M.D., Boston Mass.

MICHIGAN.

President, ELIZABETH G. FLAWS, Butterworth Hospital, Grand Rapids, Mich.
Secretary, R. L. DIXON.

MINNESOTA.

President, EDITH P. ROMMEL, R.N., 1502 Third Avenue, South, Minneapolis, Minn.
Secretary, HELEN M. WADSWORTH, R.N., 1502 Third Avenue, South, Minneapolis, Minn.

MISSOURI.

President, MRS. MABLE LONG FREYTAG, Graham, Mo.
Secretary-Treasurer, MRS. FANNIE E. S. SMITH, 7600 Wornall Road, Kansas City, Mo.

NEBRASKA.

President, NANCY L. DORSEY, R.N., 2206 South 32d Street, Omaha.
Secretary, LILLIAN B. STUFF, R.N., 434 South 28th Street, Lincoln.

NEW HAMPSHIRE.

President, BLANCHE M. TRUESDELL, R.N., 67 Sylvan Street, Malden, Mass.
Secretary, IDA A. NUTTER, R.N., Franklin Hospital, Franklin, N. H.

NEW YORK.

President, LINA LIGHTBOURNE, R.N., Hospital of the Good Shepherd, Syracuse, N. Y.
Secretary, JANE ELIZABETH HITCHCOCK, R.N., 265 Henry Street, New York, N. Y.

NORTH CAROLINA.

President, CLEONE HOBBS, R.N., Greensboro, N. C.
Secretary-Treasurer, ANNE FERGUSON, R.N., Statesville, N. C.

OKLAHOMA.

President, MRS. MARJORIE MORRISON, Guthrie, Oklahoma.
Secretary, MRS. MARGARET H. WALTERS, Muskogee, Oklahoma.

OREGON.

President, MRS. O. E. OSBORNE, 512 Oakdale Avenue, Medford.
Secretary, HELEN JONES, 374 Third Street, Portland.

PENNSYLVANIA.

President, WILLIAM S. HIGBEE, M.D., 1703 South Broad Street, Phila.
Secretary-Treasurer, ALBERT E. BLACKBURN, M.D., 3813 Powelton Avenue, Philadelphia, Pa.

TENNESSEE.

President, MRS. LENA WARNER, 112 North Belvedere Boulevard, Memphis.
Secretary, VIOLA BARNES, 118 Eighth Avenue, North, Nashville.

TEXAS.

President, M. MAUD MULLER, R.N., 209 Sixth Street, San Antonio.
Secretary, CLARA L. SHACKFORD, R.N., John Sealy Hospital, Galveston.

VERMONT.

President, DONLY C. HAWLEY, M.D., Burlington, Vt.

Secretary, E. MYRTLE MILLER, St. Johnsbury, Vt.

VIRGINIA.

President, SARAH H. CABANISS, 201 East Cary Street, Richmond, Va.

Secretary and Treasurer, MARY MARSHALL FLETCHER, Charlottesville, Va.

WEST VIRGINIA.

President, DR. L. V. GUTHRIE, Huntington, W. Va.

Secretary, DR. GEORGE LOUNSBERY, Charleston, W. Va.

WASHINGTON.

President, AUDREY F. WAYMIRE, R.N., 704 California Avenue, Pullman, Wash.

Secretary-Treasurer, MRS. A. W. HAWLEY, R.N., 718 East Howell Street, Seattle, Wash.

WYOMING.

President, S. J. MCKENZIE, Cheyenne, Wyoming.

Secretary, AMY E. MILLER, Sheridan, Wyoming.

